Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Public Report

Report Issue Date: January 16, 2025
Inspection Number: 2024-1237-0008
Inspection Type: Complaint Critical Incident
Licensee: 0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership
Long Term Care Home and City: Woodland Villa, Long Sault

INSPECTION SUMMARY

The inspection occurred on the following date(s): November 7, 8, 12, 13-15, 18-22, 25-28, 2024 and December 5, 6, 9, 10, 2024

The following intake(s) were inspected:

Critical Incidents (CI)

- Intake: #00125608 (CI #2743-000038-24) - An allegation of resident to resident physical abuse
- Intake: #00127072 (CI #2743-000039-24) - A missing / unaccounted for controlled substance
- Intake: #00128913 (CI #2743-000044-24) - An allegation of improper care

Complaints

- Intake: #00127838 - A complaint with concerns regarding resident care and documentation
- Intake: #00129585 - A complaint with concerns regarding staffing in the home and the assessment and care of a resident

The following Inspection Protocols were used during this inspection:

Skin and Wound Prevention and Management
Continence Care
Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Medication Management
Infection Prevention and Control
Responsive Behaviours
Staffing, Training and Care Standards
Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (1) (c)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that the written plan of care for a resident set out clear directions to staff who provided direct care to the resident, related to skin and wound care treatments and interventions.

Care Plan

Over the course of the inspection, personal support workers (PSWs) who provided

direct care to the resident expressed that there was a lack of communication regarding the resident's care needs. Specifically, staff members expressed uncertainty related to the use of the resident's seating and mobility device(s), and the frequency with which the resident was required to be repositioned.

Direction to reposition the resident at a specified frequency was found to have been removed from the resident's care plan. The frequency was not clearly specified in the written plan of care from that time, until it was ordered by a physician about one month later.

Wound Treatments

The resident's treatment administration records (TARs) for a two month period included unclear directions related to the frequency with which the resident's dressings were to be changed. A Registered Practical Nurse (RPN) stated that the treatment directions had been interpreted differently by different members of registered nursing staff.

In addition:

- There were two separate sets of directions for each of the resident's wound treatments - one in the resident's TAR and another on the wound care list and / or in progress notes for a five day period.
- There was no direction on the resident's TAR related to any wound treatments for a ten day period though both treatments had been revised by the Skin and Wound Care champion.

Sources: inspector observations; resident health care records, including progress notes, skin and wound assessments, and treatment administration records (TARs); and interviews with family members of the resident, Personal Support Workers (PSW) and, registered nursing staff, including Registered Practical Nurse (RPN), the

Skin and Wound Champion, and a Director of Care (DOC).

WRITTEN NOTIFICATION: Plan of care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

1) The licensee has failed to ensure that the care set out in the resident's plan of care was provided to the resident as specified in the plan, related to the use of a falls prevention intervention.

On one day, entries made in the resident's health care records were indicative that the required falls prevention intervention had been in place, though it was not and a PSW confirmed that they had not implemented the intervention.

The falls prevention intervention was observed not to be in place on two other occasions over the course of the inspection.

Sources: inspector observations; resident health care records, including care plan and POC documentation; and, interviews with staff, including PSWs, and an RPN.

2) The licensee has failed to ensure that care set out in the plan of care for the resident was provided to the resident related to an intervention for circulation. The physician wrote an order for the intervention to assist with the healing of a wound, however the intervention was not implemented.

Sources: Physician order, progress notes, observation of the resident and their

room, interviews with a PSW, an RPN, and a DOC.

WRITTEN NOTIFICATION: Documentation

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 1.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that the provision of the care set out in the resident's plan of care related to skin and wound treatments was documented.

In the resident's written plan of care, staff were directed to use a type of dressing for a wound with a specified frequency. This treatment was included on the resident's treatment administration record (TAR) however, there was no record of the dressing being checked or applied as required over a seven day period.

The resident's treatment administration record (TAR) for a month included wound care treatments for two wounds. For each, the dressing was to be checked at a specified frequency. On nine separate dates, one entry was missing for both of the wound treatments during a two week period.

An RPN indicated that they had documented all dressing changes when completed; but did not consistently document the required checks.

Sources: resident health care records, including treatment administration records (TARs), progress notes, wound images, and physician orders; interviews with family members and staff, including a PSW, an RPN and a DOC.

WRITTEN NOTIFICATION: When reassessment, revision is required

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (10) (c)
Plan of care
s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(c) care set out in the plan has not been effective.

The licensee has failed to ensure that the resident had been reassessed and that their plan of care related to skin and wound was revised when the care set out in the plan was not effective.

The use of a wound dressing was added to the resident's written plan of care, in the treatment administration record (TAR). Although concerns of infection were noted, there was no indication that the resident's plan of care related to the treatment of the wound had been revised until two weeks later.

The use of another wound dressing for a different wound was added to the resident's TAR. There was no indication that the resident's plan of care related to the treatment of these wounds had been revised, until a specified date - by which time there had been several indicators of wound progression.

An RPN indicated that it was the Skin and Wound Care Champion who would revise the plan of care related to a wound treatment, when required. However, no member of the registered nursing staff had been filling the role of Skin and Wound Care Champion during this time period.

Sources: resident health care records, including progress notes, skin and wound

assessments, treatment administration records (TARs), registered nursing staff schedules, and the licensees policies and related guidance documents including Wound Care Policies, and, interviews with family members and staff, including RPNs, the current Skin and Wound Care Champion, and a DOC.

WRITTEN NOTIFICATION: Specific duties re cleanliness and repair

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 19 (2) (c)
Accommodation services
s. 19 (2) Every licensee of a long-term care home shall ensure that,
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee has failed to ensure that the floor of the shower room on a resident home area was kept in a good state of repair. The floor in the shower room had separated from the subfloor due to a water leak.

Sources: Observation, interviews with a PSW, a DOC, and the Environmental Services Manager (ESM).

WRITTEN NOTIFICATION: Required Programs

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 53 (1) 2.
Required programs
s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
2. A skin and wound care program to promote skin integrity, prevent the

development of wounds and pressure injuries, and provide effective skin and wound care interventions.

The licensee has failed to comply with the pressure injury and wound management policy included in the required skin and wound care program in the home.

In accordance with Ontario Regulation 246 / 22 s. 11 (1) b, the licensee was required to ensure that written policies and protocols were developed for the skin and wound care program, and to ensure that they were complied with.

Specifically, staff did not comply with the Pressure Injury and Wound Management policy when the resident, who exhibited a wound, was not referred to a physiotherapist for positioning and seating assistance until two months later.

Sources: resident health care records, including progress notes, care plan, and physiotherapy referrals; Pressure Injury and Wound Management policy, interviews with staff including registered nursing staff, and a Physiotherapist.

WRITTEN NOTIFICATION: Skin and wound care

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 55 (2) (d)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated; and

The licensee has failed to ensure that the resident, who was dependent on staff for

repositioning, was repositioned as frequently as required depending upon the resident's condition and tolerance of tissue load.

In the care plan, the resident was identified as being totally dependent on staff for repositioning and turning.

On a specified day, the resident expressed physical discomfort in the way they were seated. Staff were notified of the resident's discomfort in their current position, however, staff did not reposition the resident for a specified period of time.

Sources: inspector observation, resident health care records, including care plan; and interviews with staff including PSWs and a DOC.

WRITTEN NOTIFICATION: Skin and wound care

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 55 (2) (e)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(e) a resident exhibiting a skin condition that is likely to require or respond to nutrition intervention, such as pressure injuries, foot ulcers, surgical wounds, burns or a worsening skin condition, is assessed by a registered dietitian who is a member of the staff of the home, and that any changes the registered dietitian recommends to the resident's plan of care relating to nutrition and hydration are implemented. O. Reg. 246 / 22, s. 55 (2); O. Reg. 66 / 23, s. 12.

The licensee has failed to ensure that when a resident exhibited a skin condition that was likely to respond to nutrition intervention, they were assessed by a registered dietitian who was a member of the staff of the home.

The resident was described as having a wound in the health care records. A referral to the Registered Dietitian related to the resident's skin condition was made four weeks after the wound was first identified, by which time the resident's wound condition had deteriorated.

Sources: resident health care records, including progress notes, and referrals; Pressure Injury and Wound Management policy and a document titled *OMNI Pressure Injury / Ulcer Guidelines;* and, interviews with family members and staff, including an RPN, and the Registered Dietitian (RD).

WRITTEN NOTIFICATION: Hazardous Substances

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 97
Hazardous substances
s. 97. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times.

The licensee has failed to ensure that a hazardous substance, specifically a peroxide and a hydrogen peroxide cleaning product, were kept inaccessible to residents at all times. The spa room door on a resident home area was found to be open and unattended and two bottles of the peroxide cleaning product were on the counter and accessible to residents. On two following dates, the spa room door was again found to be open and unattended and one bottle of a hydrogen peroxide cleaning product was on the counter and accessible to residents.

Sources: Observations of the resident home area, interviews with a PSW, a Housekeeper, a DOC, and the ESM.

WRITTEN NOTIFICATION: Medication management system

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 123 (2)
Medication management system
s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

In accordance to O. Reg. 246 / 22 s. 11 (1)(b), the licensee is required to ensure their written policies and procedures ensure their accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The home's Documentation of Narcotic and Controlled Medication Counts policy stated:

- Sign on the Resident Medication Count record each time a dose is administered. Include the date, time, amount given, amount wasted, and new quantity remaining. Another nurse is required to witness and sign for wasted amounts of narcotic / controlled medications when applicable.

Specifically, the licensee has failed to comply with their medication management system policies and procedures in that, a Registered Nurse (RN) did not accurately record the date, time, amount of drug given, amount of drug wasted, and new quantity remaining, on a resident's resident medication record. The RN also did not use a second nurse as a witness to sign for the wasted amount of narcotic, which resulted in unaccounted ampoules of a medication.

Sources: resident health records, Documentation of Narcotic and Controlled Medication Counts policy, observations, interviews with an RN, and DOCs.

WRITTEN NOTIFICATION: Security of drug supply

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 139 1.
Security of drug supply
s. 139. Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:
1. All areas where drugs are stored shall be kept locked at all times, when not in use.

The licensee has failed to ensure that all areas where drugs are stored were kept locked at all times, when not in use.

The medication room door on a resident home area was observed to be propped open. The inspector entered the medication room and found that it was not in use at the time. The door was subsequently closed and locked by the inspector upon exiting.

Sources: inspector observation

COMPLIANCE ORDER CO #001 Skin and wound care

NC #012 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246 / 22, s. 55 (2) (b)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(i) receives a skin assessment by an authorized person described in subsection (2.1),

using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:

1) Ensure the resident is assessed using the required clinically appropriate assessment instrument(s) that was specifically designed for skin and wound assessment whenever an alteration in the resident's skin integrity is identified. These assessments must be done in accordance with the licensees policies.

2) Ensure the resident receives immediate treatment and interventions when required with respect to alterations in skin integrity. Appropriate treatments and interventions will be identified based on the assessment referred to under step (1) of this compliance order.

3) Ensure the resident is reassessed with respect to any new or existing alterations in skin integrity at least weekly by a member of the registered nursing staff, when it is clinically indicated.

The reassessments under step (3) of this compliance order must be completed in accordance with the licensee's policies; and, for the purposes of monitoring the progression of the resident's skin condition, and evaluating the effectiveness of an existing treatment plan. A revised treatment plan is to be developed and implemented based on the assessment, if necessary.

4) Ensure that steps (1) to (3) are complied with even in the absence of the designated Skin and Wound Care Champion.

A written record must be kept of everything required under this compliance order.

Grounds

SKIN AND WOUND ASSESSMENTS

The licensee has failed to ensure that a resident was assessed using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment when the resident exhibited altered skin integrity; and, subsequently failed to ensure that the resident was reassessed weekly, when clinically indicated.

The resident was not assessed by registered nursing staff, using the required clinical assessment instrument when they were found to have altered skin integrity initially, nor weekly, when it was clinically indicated. Resident #001's wound was not assessed in accordance with the licensee's policies during a two weeks period.

The resident was not assessed by registered nursing staff, using the required clinical assessment instrument when they were found to have one or more new presentations of altered skin integrity including new open areas on two specified dates.

According to the resident's health care records, two open areas were identified but they were not assessed by registered nursing staff, using the required clinical assessment instrument prior to, or at that time; nor weekly, when it was clinically

indicated. The altered skin of the resident was not assessed in accordance with the licensee's policies until a specified date, by which time the wound had grown in size.

IMMEDIATE TREATMENT

The licensee has failed to ensure that a resident received immediate treatment and interventions to promote healing when they exhibited new presentations of altered skin integrity during a specified month.

There was no record of any immediate treatment or interventions implemented to promote the healing of the new found area noted by staff or the new found open areas noted by staff during that month.

Although actual and / or potential alterations in skin integrity on the resident were specifically noted on three dates, there were no related treatments added to the resident's plan of care until later that month.

An RPN who worked on the resident's home area during this month indicated that they had not been conducting skin and wound assessments using a clinically appropriate assessment instrument in their role at the long-term care home. A second RPN indicated that it was the Skin and Wound Care Champion who was responsible for determining the appropriate skin and wound treatment for a resident with altered skin integrity based on their assessments, however no member of registered nursing staff had been filling the role of Skin and Wound Care Champion during this time period.

Sources: health care records belonging to resident, including progress notes, care plan, skin and wound assessments, point of care (POC) documentation, treatment administration records (TAR); relevant policies and related guidance documents, including: Pressure Injury and Wound Management policy, and Wound Assessment and Documentation policy, OMNI Pressure Injury / Ulcer Guidelines, MEDLINE

Wound Assessment Tool; and, interviews with family members and staff including RPNs, an RN, the Skin and Wound Care Champion, and a DOC.

This order must be complied with by February 21, 2025

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

REVIEW / APPEAL INFORMATION

TAKE NOTICEThe Licensee has the right to request a review by the Director of this (these) Order(s) and / or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c / o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and / or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor

Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.