Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

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

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Apr 20, 2021	2021_760758_0007	001450-21	Critical Incident System

Licensee/Titulaire de permis

The Royale Development GP Corporation as general partner of The Royale Development LP
302 Town Centre Blvd. Suite 300 Markham ON L3R 0E8

Long-Term Care Home/Foyer de soins de longue durée

Woodhall Park Care Community
10260 Kennedy Road North Brampton ON L6Z 4N7

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

DANIELA LUPU (758)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): March 29-31, and April 1 and 6, 2021.

The following intake was completed in this Critical Incident (CI) inspection:

Log #001450-21, related to alleged abuse.

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Care/Infection Prevention and Control (IPAC) Lead, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), housekeeping staff and residents.

The inspector(s) toured the home and observed staff to resident interactions, infection prevention and control practices and safety conditions of the home. They also reviewed clinical records, the home's investigative records, policies and procedures, staff schedules and documents pertinent to the inspection.

The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Prevention of Abuse, Neglect and Retaliation
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.
- **2 WN(s)**
- **2 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, 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,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that when a resident developed altered skin integrity, the area was assessed by a member of the registered nursing staff using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessments.

A resident was identified to have multiple areas of altered skin integrity on a specified date. No skin and wound assessments of the areas were completed at that time. A few days later, the resident's family reported the skin concerns to the home, at which time the staff completed an assessment of the areas.

Failing to ensure that the resident received a skin assessment by a member of the registered nursing staff could have resulted in further harm to the resident.

Sources: critical incident report, resident's electronic skin and wound assessments, progress notes, electronic treatment administration records, physician's orders, the home's investigative records, the home's skin and wound care management policy #VII-G-10.92, last revised November 2020, and interviews with DOC and other staff. [s. 50. (2) (b) (i)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff participated in the implementation of the home's IPAC program, in relation to appropriate usage of Personal Protective Equipment (PPE) and assisting residents to perform hand hygiene when required.

On March 17, 2020, the Premier of Ontario and Cabinet issued a COVID-19 emergency in the Province of Ontario under the Emergency Management and Civil Protection Act.

On March 22 and 30, 2020, Directive #3 was issued and revised on December 7, 2020, to all Long-Term Care Homes (LTC Homes) under the Long-Term Care Homes Act (LTCHA), 2007, under section 77.7 of the Health Protection and Promotion Act (HPPA) R.S.O. 1990, c H.7. by the Chief Medical Officer of Health (CMOH) of Ontario. The CMOH advised that residents of LTC Homes were at immediate and increased risk of COVID-19 and an urgent requirement was made for all LTC Homes to implement measures to protect all residents and staff.

A) At the time of this inspection, multiple residents were on droplet and contact precautions. Staff were to wear a mask and eye protection when they were within two

meters of these residents.

Peel Public Health Droplet and Contact Precautions for Donning and Removal of PPE signage was posted on the door of these residents' rooms. It indicated that the front of the eye protection and the mask were considered contaminated when staff entered these rooms. Staff were directed to clean and disinfect their eye protection and discard their mask prior to exiting these rooms.

On two occasions, four staff members were observed providing care to residents on droplet and contact precautions in their rooms. The staff did not disinfect their eye protection and did not change their masks prior to exiting these residents' rooms.

B) On multiple occasions, staff and essential caregivers were observed without eye protection while on resident home areas. On two other occasions, a staff was observed wearing their mask below their nose while on a resident home area.

The home's ED and DOC/IPAC Lead said that staff and essential caregivers were to wear a mask and eye protection at all times while on resident home areas.

C) On three occasions, multiple residents on three different home areas were not encouraged, reminded or assisted to perform hand hygiene by staff members after their lunch meal. Staff said that residents should have been assisted to perform hand hygiene before and after their meals.

Failing to ensure staff participated in the home’s IPAC program increased the risk of transmission of viruses and bacteria to residents, staff and visitors throughout the home.

Sources: observations, the home’s IPAC policy, Routine Practices and Additional Precautions in All Health Care Settings, 3rd Edition, (November 2012); Directive #3 (2020), IPAC Recommendations for Use of PPE for Care of individuals with Suspect or Confirmed COVID-19 (January 2021), Peel Public Health Droplet and Contact Precautions -Donning and Removal of PPE, Droplet-contact signage and interviews with DOC and other staff. [s. 229. (4)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that staff participate in the implementation of the home's Infection Prevention and Control (IPAC) program, to be implemented voluntarily.

Issued on this 23rd day of April, 2021

Signature of Inspector(s)/Signature de l’inspecteur ou des inspecteurs

Original report signed by the inspector.