



**Ministry of Health and  
Long-Term Care**

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

**Ministère de la Santé et des  
Soins de longue durée**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

Ottawa Service Area Office  
347 Preston St Suite 420  
OTTAWA ON K1S 3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347 rue Preston bureau 420  
OTTAWA ON K1S 3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

## **Public Copy/Copie du public**

---

<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 27, 2016	2016_288549_0010	027665-15, 033862-15, 034940-15, 005475-16, 006958-16	Critical Incident System

---

### **Licensee/Titulaire de permis**

The Corporation of the County of Renfrew  
9 INTERNATIONAL DRIVE PEMBROKE ON K8A 6W5

---

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

MIRAMICHI LODGE  
725 Pembroke Street West PEMBROKE ON K8A 8S6

---

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

RENA BOWEN (549)

---

## **Inspection Summary/Résumé de l'inspection**



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

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

**This inspection was conducted on the following date(s): April 19, 20, 21, 22, 25, 26, 2016**

**The following logs were inspected: 027665-15 related to skin and wound, 033862-15 and 005475-16 related to alleged abuse 034940-15 related to responsive behaviour 006958-16 related to continence care**

**During the course of the inspection, the inspector(s) spoke with residents, Personal Support Workers (PSW), Registered Practical Nurses, (RPN), Registered Nurses (RN), two Resident Care Coordinators (RCC), Director of Care (DOC), Environmental Services Supervisor (ESS), Food Services Manager (FSM), Registered Dietitian (RD), and the Administrator.**

**The inspector reviewed the home's Skin and Wound Policy #N-1000, Pixels Wound Care report, Treatment Sheets, resident health care files, the home's investigation documentation and Medication Administration Records(MARS).**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management  
Prevention of Abuse, Neglect and Retaliation  
Responsive Behaviours  
Skin and Wound Care**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**0 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received immediate treatment and interventions to reduce or relieve pain, promote healing and prevent infection as required.

This finding is related to Log #027665-15

The home submitted a critical incident in October 2015, indicating that resident #001 was to have a dressing change to a specific body part twice a day at 0800hrs and 2000hrs starting on a specific day in September 2015. The DOC indicated in the critical incident report that an RN noted that for a specific period of time there were seven occasions that the dressing changes for 0800hrs was not completed.

Resident #001 was admitted to the home on a specific day in August 2015.

The resident's progress notes dated a specific day in September 2015 indicate that RN #113 was called to assess the resident. The RN indicated that the resident's specific body part has a small slit and that the bedding was soaked from weeping. RN #113 completed a treatment sheet on a specific day in September 2015 for resident #001 indicating that the specific body part is to be cleansed with normal saline, pat dry, apply



non adherent pad then an abdominal pad to the specific body part , secured with Kling twice a day at 0800hrs and 2000hrs and as required.

On April 20, 2016 during an interview RCC #2 indicated to Inspector #549 that RN #104 reported that she reviewed the treatment sheet for resident #001 on a specific day in October 2015. RN #104 observed that there were seven days during a specific period in 2015 where the treatment sheet had no signature indicating that resident #001's 0800hrs dressing had been change.

RCC #2 indicated to Inspector #549 that RPN #101 was working on the specific unit and responsible for resident #001's 0800hrs dressing changes on the days the treatment sheets had no signature.

Inspector #549 reviewed the attendance records for a specific time period in 2015 verified that RPN #101 was working 07:00 to 15:00hrs on the resident #001's unit.

On April 20, 2016 during an interview RPN #101 indicated to Inspector #549 that she was aware the treatment sheet for resident #001's indicated that the specific body part dressing was to be changed twice a day at 0800hrs and 2000hrs. During the same interview RPN #101 indicated to Inspector #549 that she did not sign the treatment sheet on the indicated days as she did not change resident #001's dressing. RPN #101 indicated to Inspector #549 that the dressing was not wet so she did not change it.

On April 21, 2016 during an interview RCC#2 indicated to Inspector #549 that the home's expectation is that all registered staff complete dressing changes as directed on the resident treatment sheet to promote healing and prevent infections. RCC#2 also indicated that if the registered staff assesses that a resident's treatment needs to be changed or altered they are to contact the RN.

In summary RPN #101 did not complete resident #001's dressing changes as required on the treatment sheet to promote healing and prevent infections. [s. 50. (2) (b) (ii)]



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Issued on this 28th day of April, 2016**

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

**Original report signed by the inspector.**