

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

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report	
Report Issue Date: May 16, 2023	
Inspection Number: 2023-1626-0004	
Inspection Type: Complaint Critical Incident System	
Licensee: Corporation of the City of Windsor	
Long Term Care Home and City: Huron Lodge Long Term Care Home, Windsor	
Lead Inspector Cassandra Taylor (725)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY
<p>The inspection occurred onsite on the following date(s): April 26 - 28, 2023 and May 2 - 5, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake: #00017646 - Complaint - relating to resident care and skin and wound concerns. • Intake: #00013351 - Critical Incident (CI) M631-000016-22 - relating to falls prevention and management. • Intake: #00019017 -CI M631-000002-23 - relating to falls prevention and management.

The following **Inspection Protocols** were used during this inspection:

- Skin and Wound Prevention and Management
- Infection Prevention and Control
- Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee failed to ensure that the care set out in the plan of care was provided to a resident as specified in the plan relating to wound care.

Rationale and Summary

A resident required wound care and did not receive their dressing changes as required.

The Director of Care (DOC) acknowledged the treatments were not completed and indicated the expectation was for staff to have re-approach and completed the treatment the next shift or day if required.

Sources: Medical records and staff interview with the DOC.

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WRITTEN NOTIFICATION: General Requirements

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 34 (1) 1.

The licensee failed to ensure that the written description of the Skin and Wound Care Program included, its policies, procedures and protocols relating to assessments and reassessments using a clinically appropriate tool specifically designed for skin and wound care of residents exhibiting altered skin integrity.

Rationale and Summary

A review of the home's policy did not provide for clear direction on when to complete an assessment and reassessment using a clinically appropriate tool specifically designed for skin and wound care of residents exhibiting altered skin integrity.

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Sources: Resident records, the home's Skin and Wound Care program, and staff interviews.
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WRITTEN NOTIFICATION: Required Programs

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

The licensee failed to ensure that the Falls Prevention and Management Program policy, Head Injury Routine (HIR), was complied with for a resident.

O. Reg 246/22, s. 11(1) states, Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system, (b) is complied with.

Rationale and Summary

A resident had falls requiring HIR assessments. On review of the assessments several entries were documented inappropriate or incomplete.

The home had a written policy outlining the procedure to complete the HIR assessments.

The DOC indicated, it was the expectation that staff followed the policy and completed the assessments as required.

Sources: Resident medical records, the home's policy and staff interview with the DOC.
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WRITTEN NOTIFICATION: Skin and Wound Care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

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

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Rationale and Summary

Two residents were identified as requiring a skin and wound assessment and one was not completed.

The home's policy indicated procedures for occurrences of altered skin integrity to be documented.

Assistant Director of Care (ADOC) indicated the expectation of staff was to have complete a head-to-toe assessment when required and any time there was a new wound the nurse would have reviewed it and completed their initial assessment.

Both DOC's acknowledged assessments were not completed and should have been.

Sources: Resident medical records, the home's skin and wound policy and staff interviews.
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WRITTEN NOTIFICATION: Skin and Wound Care

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

The licensee failed to ensure that when a resident was exhibiting altered skin integrity they were reassessed at least weekly by a member of the registered nursing staff.

Rationale and Summary

Two residents had multiple incidents of altered skin integrity issues documented.

Review of the residents assessment records had shown that weekly assessments had not been completed.

The home's policy indicated procedures for assessments.

Both DOC's, acknowledged assessments should have been completed were not completed.

Sources: Resident records, TARs, the home's policy and staff interview with DOC's.
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