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 prévue 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

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Amended Public Copy/Copie modifiée du public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Jun 11, 2019	2019_725522_0002 (A1) (Appeal\Dir#: DR# 120)	005656-19	Critical Incident System

Licensee/Titulaire de permis

Oneida Nation of the Thames
2212 Elm Avenue R.R. #2 SOUTHWOLD ON N0L 2G0

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

Oneida Nation of the Thames Long-Term Care Home (Tsi' Nu: yoyantle' Na' Tuhuwatisni)
2229 Elm Avenue, R.R. #2 SOUTHWOLD ON N0L 2G0

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

Amended by Pamela Chou (Director) - (A1)(Appeal\Dir#: DR# 120)

Amended Inspection Summary/Résumé de l'inspection modifié

Ontario

Ministry of Health and Long-Term Care

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NOTE: This report has been revised to reflect a decision of the Director on a review of the Inspector's order(s): CO#001.
The Director's review was completed on June 11, 2019.
Order(s) CO#001 was/were rescinded to reflect the Director's review DR# 120.

Issued on this 11st day of June, 2019 (A1)(Appeal\Dir#: DR# 120)

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

Original report signed by the inspector.

Ontario

Ministry of Health and Long-Term Care

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

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

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Amended Inspection Summary/Résumé de l'inspection

Ontario

Ministry of Health and Long-Term Care

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Ministère de la Santé et des Soins de longue durée

Rapport d'inspection prévue 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): March 28 and April 5, 2019.

During this inspection, Critical Incident System report #3042-000002-19/Log #005656-19 related to falls prevention was inspected.

During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Care, the Assistant Director of Care, the Manager of Quality Care and Health Information, Registered Practical Nurses, Personal Support Workers, and a resident.

The inspector also observed resident care, reviewed resident clinical records, relevant policies and procedures, and training records.

The following Inspection Protocols were used during this inspection:

Falls Prevention
Hospitalization and Change in Condition
Skin and Wound Care

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

- **5 WN(s)**
- **4 VPC(s)**
- **1 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 a resident who exhibited altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

Ontario Regulation 79/10, s. 50 (3) defines altered skin integrity as "the potential or actual disruption of epidermal or dermal tissue."

A review of resident #002's electronic progress notes noted the resident had a fall on a specific date. Resident #002 was noted as having an area of altered skin integrity from the fall.

Review of resident #002's progress notes and assessments in Point Click Care noted no skin and wound assessments of resident #002's area of altered skin integrity.

In an interview, Registered Practical Nurse (RPN) #106 stated a skin and wound assessment would not be completed on the type of altered skin integrity the identified resident had.

In an interview, the Manager of Quality Care and Health Information (MQCHI) #107 stated at the time the identified resident sustained the area of altered skin integrity, registered staff would not have completed skin and wound assessments on the specific type of altered skin integrity. MQCHI #107 stated the home had made changes to the skin and wound program and registered staff should now be completing a skin and wound assessment on the specific type of altered skin integrity.

The licensee has failed to ensure that a resident who exhibited altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment. [s. 50. (2) (b) (i)]

2. The licensee has failed to ensure that a resident who exhibited altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, had been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

A) A Critical Incident System (CIS) report was submitted by the home to the Ministry of Health and Long-Term Care, related to the fall of resident #001 which occurred on a specific date.

The CIS indicated that resident #001 had a fall and sustained an area of altered skin integrity. Resident #001 had been sent for treatment and upon return was noted to have two additional areas of altered skin integrity.

Review of resident #001's skin and wound assessments in Point Click Care (PCC) noted the skin and wound assessments for resident #001's areas of altered skin integrity were incomplete.

In an interview, Registered Practical Nurse #105 reviewed resident #001's skin and wound assessments with inspector. Upon review of the attached pictures, RPN #105 was unable to identify the location of resident #001's areas of altered skin integrity. RPN #105 confirmed that the skin and wound assessments were not complete as there was documentation missing and resident #001 did not have weekly skin and wound assessments completed of all areas of altered skin integrity. RPN #105 stated the location and all other fields should be documented in resident #001's skin and wound assessments.

In an interview, the Manager of Quality Care and Health Information (MQCHI) #107 stated that registered staff would complete a skin and wound assessment weekly using the skin and wound assessment in PCC which included a picture of the area of altered skin integrity.

MQCHI #107 reviewed resident #001's skin and wound assessments in PCC with inspector. MQCHI #107 confirmed resident #001's skin and wound assessments should have been completed weekly and they were not. MQCHI #107 stated that not all the assessments that were documented were complete as some of the assessments were missing documentation including location.

B) Resident #004 had a fall on a specific date. Resident #004 was assessed and noted to have two areas of altered skin integrity.

Review of resident #004's clinical record noted no documented skin and wound assessments of the areas of altered skin integrity, until a specific date when the areas of altered skin integrity were documented as resolved.

In an interview, Registered Practical Nurse (RPN) #106 stated resident #004 had two areas of altered skin integrity. RPN #106 stated that a skin and wound assessment would be completed when registered staff completed treatment to the areas. RPN #106 stated a note would only be made in resident #004's progress notes for this type of altered skin integrity.

RPN #106 reviewed resident #004's progress notes with inspector. RPN #106 stated the only progress note related to an assessment of resident #004's areas of altered skin integrity was dated approximately one month after resident #004 acquired the areas of altered skin integrity.

In an interview, Manager of Quality Care and Health Information (MQCHI) #107 stated registered staff would not have completed weekly skin and wound assessments on resident #004's areas of altered skin integrity. MQCHI #107 stated the home only recently started to complete skin and wound assessments on the specific type of altered skin integrity as they were now using a new tool on PCC.

In an interview, Assistant Director of Care (ADOC) #101 stated the home had not been doing weekly skin and wound assessments on the specific type of altered

skin integrity.

The licensee has failed to ensure that a resident who exhibited altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, had been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated. [s. 50. (2) (b) (iv)]

Additional Required Actions:

(A1)(Appeal/Dir# DR# 120)
The following order(s) have been rescinded: CO# 001

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) 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, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee was required to ensure that the policy was complied with.

Long-Term Care Homes Act 2007, S.O. 2007, c. 8 s. 8 (1) (a) states, "Every licensee of a long-term care home shall ensure that there is an organized

program of nursing services for the home to meet the assessed needs of the residents."

Ontario Regulation 79/10, s. 30 (1) states, “Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation: There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.”

A Critical Incident System (CIS) report was submitted by the home to the Ministry of Health and Long-Term Care, related to the fall of resident #001 which occurred on a specific date. Resident #001 sustained an area of altered skin integrity and was sent for treatment.

Review of a specific home policy noted resident #001 was to have vital signs completed every shift for 72 hours and pain assessments every shift for seven days.

A review of resident #004’s vital signs for a specific time period noted they were not completed on three shifts.

A review of the identified resident’s pain assessments for a specific time period noted they were not completed on seven shifts.

In an interview, Registered Practical Nurse (RPN) #102 reviewed resident #001’s chart with inspector and stated resident #001 did not have their vital signs completed as required on specific dates.

In an interview, RPN #105 stated resident #001’s vitals were to be assessed every shift for 72 hours. RPN #105 stated resident #001’s vital signs were not completed every shift. RPN #105 stated they would not wake a resident up on an overnight shift to complete a set a vitals.

In an interview, Manager of Quality Care and Health Information (MQCHI) #107 reviewed resident #001’s pain assessments and vital signs for the specified time period. MQCHI #107 stated that pain assessments and vital signs should have

been completed for resident #001 every shift and they were not.

In an interview, Assistant Director of Care #101 stated resident #001's vital signs should have been assessed every shift for 72 hours and a pain assessment should have been completed every shift for seven days.

The licensee has failed to ensure where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee was required to ensure that the policy was complied with. [s. 8. (1)]

2. The licensee has failed to ensure that where the Act or Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee was required to ensure that the policy was in compliance with applicable requirements under the Act.

Ontario Regulation 79/10, s. 30 (1) states, "Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation: There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required."

Ontario Regulation 79/10, s. 48 (1) (2) states, "Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions."

Ontario Regulation 79/10, s. 50. (2) (b) (iv) states, "A resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated."

Resident #004 had a fall on a specific date and sustained two areas of altered skin integrity.

Review of resident #004's clinical record noted no documented skin and wound assessments of the areas of altered skin integrity, until a specific date when the areas of altered skin integrity were documented as resolved.

In an interview, Registered Practical Nurse (RPN) #106 stated resident #004 had two areas of altered skin integrity. RPN #106 stated that a skin and wound assessment would be completed when registered staff completed treatment to the areas. RPN #106 stated a note would only be made in resident #004's progress notes for this type of altered skin integrity.

A review of the home's policy "Wound and Skin Care Program" 4.16.1 with a review date of November 2011, noted no reference to weekly skin and wound assessments for the specific type of altered skin integrity that resident #004 had sustained from their fall.

In an interview, Assistant Director of Care (ADOC) #101 and Manager of Quality Care and Health Information (MQCHI) #107 stated registered staff had not been completing weekly skin and wound assessments for a specific type of altered skin integrity.

ADOC #101 and MQCHI #107 reviewed the home's policy "Wound and Skin Care Program" 4.16.1 with a review date of November 2011, and stated the policy did not indicate that the specific type of altered skin integrity was required to be reassessed weekly.

The licensee has failed to ensure that where the Act or Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee was required to ensure that the policy was implemented in accordance with applicable requirements under the Act. [s. 8. (1) (a),s. 8. (1) (b)]

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 where the Act or Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee is required to ensure that the policy is in compliance with applicable requirements under the Act; and is complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:
1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).
2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).
3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).
4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the following was complied with in respect of each of the interdisciplinary programs required under section 48 of Ontario Regulation 79/10: The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

Ontario Regulation 79/10, s. 48 (1) (2) states, "Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions."

In an interview, with ADOC #101, Inspector #522 requested the home's evaluation of the skin and wound program for 2018.

ADOC #101 stated they did not have a documented evaluation of the home's skin and wound program for 2018.

The licensee has failed to ensure that home's skin and wound program was evaluated and updated at least annually in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices. [s. 30. (1) 3.]

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 the home's skin and wound care program is evaluated annually, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training

Specifically failed to comply with the following:

s. 76. (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:
1. Abuse recognition and prevention. 2007, c. 8, s. 76. (7).
2. Mental health issues, including caring for persons with dementia. 2007, c. 8, s. 76. (7).
3. Behaviour management. 2007, c. 8, s. 76. (7).
4. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations. 2007, c. 8, s. 76. (7).
5. Palliative care. 2007, c. 8, s. 76. (7).
6. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff who provided direct care to residents received, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations: Any other areas provided for in the regulations.

Ontario Regulation 79/10, 221 (1) 2 states, "For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents: Skin and wound care."

Ontario Regulation 79/10, 221 (2) states, "The licensee shall ensure that all staff who provide direct care to residents receive the training provided for in subsection 76 (7) of the Act based on the following: Subject to paragraph 2, the staff must receive annual training in all the areas required under subsection 76 (7) of the Act."

Review of resident #001's clinical record noted that resident #001 had not received weekly skin and wound assessments for altered skin integrity resident

#001 had sustained from a fall.

Review of resident #004's clinical record noted that resident #004 had not received weekly skin and wound assessments for altered skin integrity resident #004 had sustained from a fall.

Review of resident #002's clinical record noted that resident #002 had not received a skin and wound assessment for altered skin integrity resident #002 had sustained from a fall.

In a telephone interview, Assistant Director of Care (ADOC) #101 stated the home had started training on Surge Learning in June 2018, therefore not all direct care staff had completed training on skin and wound care on Surge Learning. ADOC #101 stated that staff had also completed an in-service by Prevail on incontinence and skin care in April 2018, and staff were not required to complete Surge Learning if they had attended the in-service.

ADOC #101 provided inspector with an attendance sign-in from Prevail by First Quality dated April 16 and 17, 2018. The attendance sign-in sheet did not indicate what the in-service was for. In total 19 Personal Support Workers and seven registered staff signed the attendance sheet.

ADOC #101 provided an updated training document that noted 29 out of 55 (52.7%) direct care staff received training in skin and wound care in 2018. ADOC #101 stated that not all direct care staff received training in skin and wound care in 2018, and the home had initiated an action plan to ensure all direct care staff completed training in 2019.

In a telephone interview, Administrator/Director of Care stated all staff were required to complete annual training in skin and wound care.

The licensee has failed to ensure that all staff who provided direct care to residents received, as a condition of continuing to have contact with residents, annual training in skin and wound care. [s. 76. (7) 6.]

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 all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, annual training in skin and wound care, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 216. Training and orientation program

Specifically failed to comply with the following:

s. 216. (2) The licensee shall ensure that, at least annually, the program is evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 216 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that, at least annually, the training and orientation program was evaluated and updated in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

In a telephone interview, with Administrator/Director of Care #100 and Assistant Director of Care (ADOC) #101, inspector requested the annual evaluation of the home's training and orientation program for 2018.

In a telephone interview, ADOC #101 stated they were unsure what inspector was requesting in relation to an annual evaluation of the training and orientation program, ADOC #101 stated they had spoken to their management company who also did not understand what inspector was requesting.

Inspector reviewed Ontario Regulation 79/10 r. 216 with ADOC #101.

ADOC #101 stated that the home had not completed an evaluation of the training and orientation program in 2018.

The licensee has failed to ensure that, at least annually, the training and orientation program was evaluated and updated in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices. [s. 216. (2)]

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, at least annually, the training and orientation program is evaluated and updated in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices, to be implemented voluntarily.

Issued on this 11st day of June, 2019 (A1)(Appeal/Dir# DR# 120)

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

Original report signed by the inspector.

Ontario

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l’inspecteur

Aux termes de l’article 153 et/ou de l’article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

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

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

Amended Public Copy/Copie modifiée du public

Name of Inspector (ID #) / Nom de l’inspecteur (No) :	Amended by Pamela Chou (Director) - (A1) (Appeal/Dir# DR# 120)
Inspection No. / No de l’inspection :	2019_725522_0002 (A1)(Appeal/Dir# DR# 120)
Appeal/Dir# / Appel/Dir#:	DR# 120 (A1)
Log No. / No de registre :	005656-19 (A1)(Appeal/Dir# DR# 120)
Type of Inspection / Genre d’inspection :	Critical Incident System
Report Date(s) / Date(s) du Rapport :	Jun 11, 2019(A1)(Appeal/Dir# DR# 120)
Licensee / Titulaire de permis :	Oneida Nation of the Thames 2212 Elm Avenue, R.R. #2, SOUTHWOLD, ON, N0L-2G0
LTC Home / Foyer de SLD :	Oneida Nation of the Thames Long-Term Care Home (Tsi' Nu: yoyantle' Na' Tuhuwatisni) 2229 Elm Avenue, R.R. #2, SOUTHWOLD, ON, N0L-2G0
Name of Administrator / Nom de l’administratrice ou de l’administrateur :	Maureen Kelly

Ontario

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

To Oneida Nation of the Thames, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

(A1)(Appeal/Dir# DR# 120)
The following Order(s) have been rescinded:

Order # / Ordre no : 001 **Order Type / Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

Linked to Existing Order/ Lien vers ordre existant :

Pursuant to / Aux termes de :

O.Reg 79/10, s. 50. (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,

(i) within 24 hours of the resident's admission,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours;

(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;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(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. O. Reg. 79/10, s. 50 (2).

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

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

RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le/la titulaire de permis souhaite que le directeur examine;
c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de revision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 11st day of June, 2019 (A1)(Appeal/Dir# DR# 120)

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur :

Amended by Pamela Chou (Director) - (A1)
(Appeal/Dir# DR# 120)

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

Service Area Office / Bureau régional de services : London Service Area Office