

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
londondistrict.mltc@ontario.ca

Amended Public Report (A1)

Report Issue Date: November 30, 2022	
Inspection Number: 2022-1025-0001	
Inspection Type: Critical Incident System	
Licensee: Middlesex Terrace Limited	
Long Term Care Home and City: Middlesex Terrace, Delaware	
Inspector Who Amended Rhonda Kukoly (213)	Inspector Who Amended Digital Signature
Additional Inspector(s)	

AMENDED INSPECTION REPORT SUMMARY

An administrative change to the inspection report is required. There is no change to the narrative of the finding(s)/ground(s) or the determination of compliance.

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
October 26, 27, 28, 2022

The following intake(s) were inspected:

- Intake: #00003499, Critical Incident #1030-000014-22, related to a fall.
- Intake: #00006518, Critical Incident #1030-000003-22. related to a fall.

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

Infection Prevention and Control
Falls Prevention and Management
Safe and Secure Home

INSPECTION RESULTS

WRITTEN NOTIFICATION: Home to be safe, secure environment

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

Non-compliance with: FLTCA, 2021, s. 5

The licensee has failed to ensure that the home was a safe and secure environment for its residents, with an open stairwell with no door at the bottom or the top, in an area accessible to residents.

Rationale and Summary

A stairwell leading from the lower level to the main foyer of the front entrance of the home, was open with no door at the bottom or the top. The stairwell and opening were greater than one metre wide. The main foyer of the front entrance was being used for screening and completing rapid tests. The door to the front foyer from the main floor resident care area and resident rooms was closed but did not have a lock or an alarm system. The bottom of the stairwell lead to an open area that was being used as staff break areas as well as offices. A door from the break area lead to the hallway with the elevator to resident floors and the dining room used by residents on the main floor. The door to the break area was closed but did not have a lock or an alarm system.

Two residents were observed going independently through the door from the resident care area to the front entrance of the home, to exit the home. One resident was observed independently opening the door on the lower level to the break area.

The Associate Director of Care (ADOC) stated that prior to the pandemic, the area at the top and bottom of the stairs were used as resident lounge areas, and the doors were never closed. The doors were only closed now due to the pandemic. The ADOC also said that there was a screener at the front entrance at the top of the stairs, 24 hours a day, seven days a week during the pandemic.

There was risk that residents could use the stairwell independently.

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Sources: Observations and interview with the ADOC. [213]

WRITTEN NOTIFICATION: Skin and wound care

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

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

The licensee has failed to ensure that a resident's altered skin integrity was reassessed at least weekly by a member of the registered nursing staff.

Rationale and Summary

A resident had impaired skin integrity and there were no weekly assessments completed. There was direction in the resident's electronic Treatment Administration Record (eTAR) regarding treatment, but no direction regarding completing assessments.

A registered nursing staff member said that there should be direction in the eTAR to remind registered staff to complete weekly assessments and that assessments were not completed. The Associate Director of Care (ADOC) and The Director of Care (DOC) agreed a weekly assessment was not completed for the resident and should have been.

The home's Skin and Wound Care Management Program stated: Registered staff will: Assess each resident with skin breakdown weekly or more frequently if needed and complete documentation in Point Click Care.

There was risk that the altered skin integrity could have become infected or deteriorate, without weekly assessment.

Sources: A Critical Incident report, health records for a resident, the home's Skin and Wound Care Management Program policy #006020.00, and staff interviews. [213]