

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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Original Public Report

Report Issue Date: August 25, 2023	
Inspection Number: 2023-1704-0004	
Inspection Type: Critical Incident	
Licensee: Westhills Care Centre Inc.	
Long Term Care Home and City: Westhills Care Centre, St Catharines	
Lead Inspector Erika Reaman (000764)	Inspector Digital Signature
Additional Inspector(s) Emma Volpatti (740883)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 15-18, 2023

The following intake(s) were inspected:

- Intake: #00088950 - Critical Incident (CI) 3058-000020-23 - Fall of resident resulting in an injury.

The following intake(s) were completed in this inspection:

- Intake: #00018543 - CI 3058-000004-23 - Related to falls prevention and management.
- Intake: #00021950 - CI 3058-000008-23 - Related to falls prevention and management.
- Intake: #00084556 - CI 3058-000014-23 - Related to falls prevention and management.
- Intake: #00088888 - CI 3058-000019-23 - Related to falls prevention and management.

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

Infection Prevention and Control
Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Skin and Wound Care

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

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

The licensee has failed to ensure that a resident at risk of altered skin integrity received a skin assessment by a member of the registered nursing staff upon return from the hospital.

Rationale and Summary

A resident sustained a fall requiring them to be transferred to hospital. They returned to the home with a surgical wound. Their clinical records did not show a skin assessment completed for this area. The home's policy titled Skin and Wound Care Program identified that a resident is to receive a skin assessment from a registered staff upon any return from the hospital.

Registered staff acknowledged that a skin assessment should have been completed and that it was not done.

By not completing a skin assessment it posed a risk of not identifying a worsening skin alteration.

Sources: Resident's clinical records, home's policy titled Skin and Wound Care Program (dated July 2023), interview with registered staff and other staff.

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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 failed to ensure a resident exhibiting altered skin integrity was reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Rationale and Summary

A resident sustained a fall requiring them to be transferred to hospital. They returned to the home with

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a surgical wound. Their clinical records did not show weekly skin assessments completed for the surgical wound. The home's policy titled Skin and Wound Care Program identified that resident's exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds, are to receive weekly skin/wound treatment assessments by registered staff.

Registered staff acknowledged that weekly skin assessments should have been completed and that it was not done.

By not completing weekly skin assessments it posed a risk of not identifying a worsening skin alteration.

Sources: Resident's clinical records, home's policy titled Skin and Wound Care Program (dated July 2023), interview with registered staff and other staff.

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