

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

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

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

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Sep 23, 2021	2021_738753_0018	006262-21	Critical Incident System

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**Licensee/Titulaire de permis**

The Regional Municipality of Peel  
10 Peel Centre Drive Suite B, 3rd Floor Brampton ON L6T 4B9

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

Peel Manor  
525 Main Street North Brampton ON L6X 1N9

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

KATHERINE ADAMSKI (753)

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

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

**This inspection was conducted on the following date(s): September 8-10, 13-15, 2021.**

**The following intakes were completed during this critical incident (CI) inspection: Log #006262-21 related to fall prevention interventions and management.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Interim Director of Care (DOC), Maintenance Manager, Registered Practical Nurses (RPN), residents, Personal Support Workers (PSW), and housekeeping staff.**

**The inspector toured the home and observed infection prevention and control measures, dining, and staff to resident care provisions. The inspector also reviewed relevant documentation and inspected the home's cooling and heating program and policies related to recently amended legislation.**

**Kim Byberg #729 was also present for this inspection.**

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

**Falls Prevention**

**Infection Prevention and Control**

**Safe and Secure Home**

**Skin and Wound Care**

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

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

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

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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

**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 resident #001 and #002, who were at risk of skin concerns, received a skin assessment by a member of the registered nursing staff upon any return from hospital.

The home's Skin and Wound Care Program Policy (revised June 27, 2016) directed registered staff to complete a head to toe assessment upon any return of a resident from hospital. Within the home's head to toe assessment, staff were to assess residents for any skin concerns.

a) Resident #001 had been transferred to the hospital and re-admitted to the home. Staff did not complete a head to toe or skin and wound assessment upon resident #001's return from hospital. The following day, staff observed a new skin concern on resident

#001.

Resident #001 was transferred to hospital for diagnostic testing related to the identified skin concern, which was diagnosed as an injury. When resident #001 was re-admitted to the home, staff did not complete a head to toe or skin and wound assessment.

When resident #001 did not receive a skin and wound assessment upon their first return from hospital, the home was unable to determine the time frame for which the injury had occurred, and potentially delayed the implementation of appropriate treatment interventions. When the resident was not assessed upon their second return from hospital, the home may not have been able to accurately monitor and evaluate the effectiveness of the treatment interventions.

Sources: resident #001's plan of care including census, progress notes, assessments tab, risk management, and diagnostic imaging report, the home's Skin and Wound Care Program (revised June 27, 2016), interviews with the Interim DOC and other staff.

b) Resident #002 had a previous history of skin concerns. Resident #002 was transferred to the hospital and re-admitted to the home. Staff did not complete a skin and wound assessment upon the resident's return from hospital.

When resident #002 was not assessed upon their return from hospital, there was potential risk that a new skin concern may not have been identified.

Sources: resident #002's plan of care including census, progress notes, assessments tab, the home's Skin and Wound Care Program (revised June 27, 2016), interviews with the Interim DOC and other staff. [s. 50. (2) (a) (ii)]

2. The licensee has failed to ensure that resident #001's skin concern was reassessed weekly by a member of the registered nursing staff.

Staff observed a new skin concern on resident #001. Staff completed an initial skin and wound assessment, but did not re-assess the area until 14 days later. During this time, staff observed that resident #001's skin concern was not healing as expected and communicated their concerns to the physician. Resident #001's was referred for diagnostic testing and their skin concern was diagnosed as an injury.

When a weekly skin and wound assessment was not completed for resident #001's skin

concern, there may have been a delay in the resident receiving appropriate treatment interventions in a timely manner.

Sources: resident #001's plan of care including progress notes, assessments tab, risk management, and diagnostic imaging report, the home's Skin and Wound Care Program (revised June 27, 2016), interviews with the Interim DOC and other staff. [s. 50. (2) (b) (iv)]

***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 resident #001 and #002 receive a skin assessment by a member of the registered nursing staff upon any return from hospital, and that resident #001's skin concerns are re-assessed weekly by a member of the registered nursing staff, when clinically indicated, to be implemented voluntarily.***

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Issued on this 6th day of October, 2021

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

**Original report signed by the inspector.**