



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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

**Rapport d'inspection 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**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 16, 2017	2017_607523_0023	021961-17	Resident Quality Inspection

Licensee/Titulaire de permis

CARESSANT-CARE NURSING AND RETIREMENT HOMES LIMITED
264 NORWICH AVENUE WOODSTOCK ON N4S 3V9

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

CAMBRIDGE COUNTRY MANOR
3680 SPEEDSVILLE ROAD R R 31 CAMBRIDGE ON N3H 4R6

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

ALI NASSER (523), HELENE DESABRAIS (615), MARIAN MACDONALD (137)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection.

This inspection was conducted on the following date(s): September 18, 19, 20, 21, 22, 26 and 27, 2017.

The following inspections were conducted concurrently during this inspection:

Log #028018-16 / IL-46837-LO - complaint related to alleged residents' abuse/neglect, improper care and insufficient staffing mix.

Log #025195-16 / IL-46089-LO/IL-46090-LO - complaint related to alleged staff to resident abuse.

Log #017341-16 / 2651-000005-16 - critical incident related to alleged staff to residents abuse.

Log #004532-17 - follow up to compliance order related to housekeeping services within the home.

Log #013807-17 / 16010/2651-000012-17 - critical incident related to unexpected death of a resident.

Log #022264-17 - follow up inspection related to discharge of a resident.

During the course of the inspection, the inspector(s) spoke with the Administrator, Associate Director of Care (ADOC), Activity Director, Facility Supervisor, Registered Nurse-Resident Assessment Instrument Coordinator (RN-RAI), five registered staff members, 10 Personal Support Workers (PSW), the Resident Council President, the Family Council President, three family members and 40 residents.

The inspector(s) also conducted a tour of the home and made observations of residents, activities and care. Relevant policies and procedures, as well as clinical records and plans of care for identified residents were reviewed. Additionally, the inspector(s) observed medication administration and drug storage areas, resident/staff interactions, infection prevention and control practices, the posting of Ministry information and inspection reports and the general maintenance, cleanliness and condition of the home.

The following Inspection Protocols were used during this inspection:



- Accommodation Services - Housekeeping
- Admission and Discharge
- Continence Care and Bowel Management
- Dining Observation
- Falls Prevention
- Family Council
- Hospitalization and Change in Condition
- Infection Prevention and Control
- Medication
- Nutrition and Hydration
- Personal Support Services
- Prevention of Abuse, Neglect and Retaliation
- Residents' Council
- Responsive Behaviours
- Safe and Secure Home
- Skin and Wound Care

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

- 2 WN(s)
- 2 VPC(s)
- 0 CO(s)
- 0 DR(s)
- 0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 15. (2)	CO #001	2016_531518_0058		137

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>Legendé</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 LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**
Specifically failed to comply with the following:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**



Findings/Faits saillants :

1. The licensee has failed to ensure that there was a written plan of care for each resident that set out clear direction to staff and others who provided direct care to the resident.

A) A review of a resident's current care plan showed that the resident was at a certain risk for falls and needed a specific intervention.

A review of the resident's progress notes on a certain date showed that the resident sustained a fall and that a different intervention was in place.

Observations on certain dates showed that specific interventions were implemented for the resident but not as per the plan of care.

During interviews, specific staff members stated that the specific intervention was not being implemented as per the resident's plan of care.

During interviews, two RNs agreed that the care plan did not set out clear directions to staff and others who provided direct care to the resident. [s. 6. (1) (c)] (615)

B) A review of the plan of care, for a specific resident showed that the resident used a specific intervention and had refused a different one. The Power of Attorney (POA) agreed to have the certain intervention removed on a certain date, but that intervention was re-initiated on a later date.

Observations on certain dates showed that the specific intervention was being implemented but it was not part of the plan of care.

During interviews, identified staff members said that the written plan of care for the resident did not set out clear direction to staff and others who provided direct care to the resident.

The licensee has failed to ensure that there was a written plan of care for specific residents that set out clear direction to staff and others who provided direct care to the resident.

During the inspection this non-compliance was found to have the severity level of minimal harm/risk or potential for actual harm/risk to residents. The scope of the non-compliance was isolated. This non-compliance was not previously issued. [s. 6. (1) (c)]



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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 there was a written plan of care that set out clear direction to staff and others who provided direct care to the resident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that the written policy that promotes zero tolerance of abuse and neglect of residents was complied with.

A Critical Incident System (CIS) report was submitted on a certain date to the Ministry of Health and Long Term Care (MOHLTC) related to alleged staff to resident abuse.

A review of the CIS stated that a staff member witnessed a specific staff member being verbally abusive towards specific residents.

The staff member witnessed the incident and did not report it to the charge nurse as per the home's policy on abuse until a later date.

The staff member left a note for the Administrator on that date informing them of the incident.

A review of the home's "Abuse and Neglect Staff to Resident, Family to Resident, Resident to Resident, Resident and/or Family to Staff" policy, dated February, 2017, stated "Reporting: All cases of suspected or actual abuse must be reported immediately to the DON/Administrator. In the absence of management staff, concerns should be reported immediately to the Charge Nurse, who will notify management staff on call".

A review of the home's investigation notes and an interview, on a certain date showed that when a staff member was aware of the incident involving another staff member and the alleged abuse of specific residents, they did not report it immediately to the RN in charge at the time of the incident.

During the inspection this non-compliance was found to have the severity level of minimal harm/risk or potential for actual harm/risk to residents. The scope of the non-compliance was isolated. This non-compliance was not previously issued. [s. 20. (1)]

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 the written policy that promotes zero tolerance of abuse and neglect of residents was complied with, to be implemented voluntarily.



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Issued on this 17th day of October, 2017

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

Original report signed by the inspector.