



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 25, 2015	2015_346133_0022	O-001392-14	Critical Incident System

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

CARESSANT CARE BOURGET
2279 Laval Street P.O. Box 99 Bourget ON K0A 1E0

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

JESSICA LAPENSEE (133)

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): June 8th, 9th, 15th and 16th, 2015

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Nursing, the Environmental Services Manager, the Caressant Care Regional Manager/Nurse Consultant, the ward clerk, nursing staff, housekeeping staff and a dietary services staff member.

**The following Inspection Protocols were used during this inspection:
Safe and Secure Home
Training and Orientation**

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

**3 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>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 O.Reg 79/10, s. 90. Maintenance services
Specifically failed to comply with the following:

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum; O. Reg. 79/10, s. 90 (2).

Findings/Faits saillants :



1. The licensee has failed to comply with O. Reg. 79/10, s. 90 (2) (a) in that the licensee has failed to ensure that procedures are developed and implemented to ensure that electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum.

This is specifically related to the home's refrigerated vending machine.

On December 8th, 2014, the home's Administrator submitted a Critical Incident Report (CIR) to the Ministry of Health and Long Term Care, detailing an internal evacuation that had occurred during the evening of December 7th, 2014. As per the CIR, staff had detected an odor of burning rubber on the 2nd floor west hallway near the elevator. Upon further follow up, staff observed some white smoke in the area. The fire alarm was activated and the fire department was called. Staff evacuated residents from the affected zone to the adjacent zone, behind the fire doors. The fire department determined that the source was the refrigerated vending machine, which was in the immediate area. It was suspected that the electrical plug had malfunctioned, and power was cut off to the circuit. There was no damage to the home and no harm to the residents. The vending machine was taken out of service.

On June 15th, 2015, the Administrator informed the inspector that the vending machine, which had been kept out of service since the incident, had been inspected on June 12th, 2015. The Administrator explained that he had been told by the vending machine technician that the compressor was not working and that there had been melted plastic on some internal wires. The inspector asked who had been maintaining this machine and the Administrator indicated that to his knowledge, no one had been maintaining the machine. He explained that the company that used to stock the machine would just come in and stock it, nothing more. He explained that the home's staff did not do any maintenance, including cleaning, of the machine.

On June 15th, 2015, the Administrator and the inspector looked inside the vending machine. With the front door opened, it was noted that the condenser coils at the bottom were dirty with heavy accumulation of dust and debris.

On June 15th, 2015, the Administrator searched online for manufacturer specifications for the vending machine, which the Administrator determined to be a Merlin 2000 machine, manufactured by Royal Vendors. A Service & Parts Manual was found. On page 34, in section 6, vendor maintenance is covered. In the section "What To Clean", it



is written that “a routine cleaning schedule is the best way to insure the best possible operation and appearance from your “Merlin” vendor”. Related to the condenser and evaporator coils, it is written “For efficient operation, the condenser and evaporator coils must be kept clear of any dirt or foreign materials. Clean dirt and lint from the condenser and evaporator coils with a brush, vacuum cleaner or compressed air”. Related to the cabinet and mechanism, it is written “steam clean as required”. In the “What to lubricate” section, it is indicated that the latch strike nut and inner door gasket should be lubricated from time to time.

On June 17th, 2015, via email, the Administrator informed the inspector that the compressor and condenser had been replaced, and that the refrigerated vending machine would be put back into operation. [s. 90. (2) (a)]

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 with the requirement that procedures be developed and implemented to ensure that the home's refrigerated vending machine is kept in good repair and is maintained and cleaned at a level that meets manufacturer specifications, at a minimum, to be implemented voluntarily.

WN #2: 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. (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. 2007, c. 8, s. 76. (4).

Findings/Faits saillants :

1. The licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, s. 76 (4) in that the licensee failed to ensure that all staff received retraining in the area of fire prevention and safety in 2014.



In accordance with LTCHA, 2007, S.O. 2007, c. 8, s. 76 (1), the licensee shall ensure that, prior to performing their responsibilities, all staff in the home are provided with training in the areas described within this provision. For the purposes of section 76 (2) 8., this training is to include training in the area of fire prevention and safety. In accordance with section 76 (4), staff who received training under section 76 (2) must receive retraining at times or intervals provided for in the regulations. In accordance with O. Reg. 79/10, s. 219 (1), the intervals for the purpose of subsection 76 (4) of the Act are annual intervals.

On June 15th and 16th, 2015, as a result of discussions with the home's Administrator, Director of Nursing, and a Caressant Care Regional Manager/Nurse Consultant, it was determined that 2014 training records for the area of fire prevention and safety could not be located. It was explained to the inspector that the home's former Administrator and/or the home's former Environmental Services Manager (ESM) should have maintained these records, yet they could not be located at the time of the inspection. As well, it could not be determined what training in the area of fire prevention and safety would have been. It was initially speculated that either the former ESM would have delivered the training, or that the local fire department would have delivered the training. It was later confirmed by the Caressant Care Regional Manager/Nurse consultant that the local fire department did not provide fire prevention and safety training to the home's staff in 2014. No information could be found as to what format the former ESM may have used to deliver the training, or what specific topics and information would have been presented in the training sessions.

On June 15th, 2015, inspector #133 reviewed the home's Fire Plan, dated July 2014. On Page 22, under the subject of extinguishing fires, the policy states "A staff member will endeavour to extinguish a fire only if residents are safe, the Fire Department has not arrived, and, in the opinion of the employee, it is absolutely safe to do so. Staff will have annual training in fire safety, as well as in general staff orientation". The procedure then outlines how to operate a fire extinguisher. On page 25, under the subject of fire safety information, the policy states that "Fire safety information is available to all staff to promote prompt and effective reaction in an emergency situation". The procedure goes on to discuss the three kinds of fires and different firefighting methods. On page 29, under the subject of fire prevention, procedure #8 states "The staff are to be trained in the proper use of the fire extinguishing equipment and emergency lifts and carry's. Documentation and training is indicated on the orientation checklist and in-service records". On page 31, under the subject of fire protection, procedure # 4 states that "staff are to be in-serviced on how to operate fire extinguishers and fire hoses to protect



the building”.

It is noted that fire drills are held once a month on all 3 shifts. The home's current Environmental Services Manager (ESM) leads the drills. On June 15th, 2015, the inspector asked the home's current ESM if he felt that the drills represented fire prevention and safety training. The ESM indicated that he did not. The ESM explained that he sets up the drills, watches staff respond, and then holds a quick debriefing to allow staff the opportunity to ask questions and to speak to anything that was not done correctly. The home's current ESM started working at the home in November 2014. He indicated that he could not speak to what the former ESM may have done in terms of fire prevention and safety training, and he could not speak to how the former ESM conducted his fire drills. He indicated that he did not do fire prevention and safety training for the home's staff in 2014.

In light of the absence of training records, on June 16th, 2015, inspector #133 interviewed eight staff members to ascertain if they could recall being trained in the area of fire prevention and safety in 2014. Informed by the home's Fire Plan, and in attempt to help the staff recall training that may have occurred, the inspector included mention of possible topics that may have been included in the training such as the use of fire extinguishers and emergency lifts and carry's, different types of fires and different firefighting methods. Staff #S100, who works in the housekeeping department, could not recall having been trained in fire prevention and safety in 2014. Staff #S100 said that she recalled the fire department coming in to do training with staff in the past, but not in 2014. Staff #S101, who works in the dietary department, could not recall having been trained in fire prevention and safety in 2014. Staff #S101 said that she remembered being taught about different fire extinguishers when she started working at the home, 15 years ago, but there has been nothing like that for her since then. Staff #S102, the ward clerk, said that she remembered the former ESM conducting a fire drill in 2014 and that afterwards there may have been some discussion about fire safety and a quiz, but she could not recall any further details. Staff #S103, who works in the housekeeping department, could not recall having been trained in fire prevention and safety in 2014. Staff #S103 said that he only recalled the former ESM conducting fire drills, and asking safety related scenario based questions at different times. Staff #S103 said that many years ago, the fire department came to the home and he had practiced using fire extinguishers at that time. Staff #S104, a Personal Support Worker (PSW), said that she recalled the former ESM conducting fire drills, and that there was opportunity for questions at the end of the drills. Staff #S104 said she could not recall any training on fire prevention and safety in 2014. Staff #S104 said that years ago, the fire department did



come to the home and staff practiced using fire extinguishers in the parking lot, but they did not do that in 2014. Staff #S105, a PSW, said that she did recall that the former ESM had updated some fire policies in 2014 and that staff had to sign off that they had reviewed them. Staff #S105 speculated that this may have been viewed as fire prevention and safety training by the home. Staff #S105 said there had been no hands on practice and she didn't recall the former ESM doing any training in the area of fire prevention and safety, apart from fire drills, in 2014. Staff #S106, a PSW, said that she rarely saw the former ESM as she works the evening shift. Staff #S106 explained that she has worked at the home for 3 years and has never seen the fire department come in to do training with staff. Staff #S106 said the former ESM did conduct fire drills, and there was a debriefing afterwards about the drill. Staff #S106 said that she did not recall being trained in the area of fire prevention and safety by the former ESM or by anyone else. Staff #S107, a PSW, said that he remembered the former ESM asking test like questions about fire safety and emergency codes, such as bomb threats, throughout 2014. Staff #S107 said the he remembered at some point in 2014 he had to fill something out, like a quiz, but he did not recall anything more specific. Staff #S107 speculated that the fire department may have done training with staff on the day shift in 2014, but stated that they did not do any training with staff on the evening shift.

On June 19th, 2015, the home's Director of Nursing (DON), who is also the designated lead for the home's training and orientation program, provided the inspector with the program evaluation for 2014, via email. The "Staff Development Program Orientation and Training Program Evaluation" was completed by the DON in November 2014. The evaluation includes a section (criteria #13 and #14) to document the date on which the listed mandatory topics were covered for all staff, and if they had not yet been covered, there is a section to document the date on which the topic would be scheduled. There were no dates entered for any of the topics, including fire prevention and safety. In this section, it was written by the DON that topics were covered "as per the education calendar and on orientation". The calendar of education is provided to the home by the Caressant Care corporate office at the beginning of the year. While the calendar of education sets out the month that topics are supposed to be covered, and by whom, it does not reflect what actually happened during the year. For example, during the inspection, the inspector was told that emergency response and evacuation training was provided to staff as a component of a 4 hour mandatory education session, which staff were paid to attend, in February and March 2014. The 2014 calendar of education indicates this training was to be provided in December 2014. The inspector was told that the abuse and resident bill of rights training was also a component of the 4 hour mandatory sessions held in February and March 2014. The 2014 calendar of education

indicates that this training was to be provided in May 2014. Related to fire safety and prevention, the 2014 calendar reflects that training was to occur in July 2014. No evidence was found during the inspection to support that training in the area of fire safety and prevention was provided to the home's staff in 2014. [s. 76. (4)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 230. Emergency plans

Specifically failed to comply with the following:

s. 230. (4) The licensee shall ensure that the emergency plans provide for the following:

- 1. Dealing with,**
 - i. fires,**
 - ii. community disasters,**
 - iii. violent outbursts,**
 - iv. bomb threats,**
 - v. medical emergencies,**
 - vi. chemical spills,**
 - vii. situations involving a missing resident, and**
 - viii. loss of one or more essential services. O. Reg. 79/10, s. 230 (4).**

Findings/Faits saillants :



1. The licensee has failed to comply with O. Reg. 79/10, s. 230 (4) in that the licensee has failed to ensure that the home's emergency plans provide for dealing with loss of one or more essential services.

As per O. Reg. 79/10, s. 19 (1) c., essential services include the resident–staff communication and response system, elevators, and safety and emergency equipment. Safety and emergency equipment includes door security systems such as door alarms and magnetic locks.

Over the course of the inspection, the inspector reviewed the contents of the home's Fire and Disaster binder, as provided by the Administrator. The inspector was also given the "Emergency Food Service" policy, review date of March 2015, by the Caressant Care regional manager/nurse consultant. The inspector did not find a plan that provides for dealing with the loss of the resident-staff communication and response system. The inspector did not find a plan that provides for dealing with the loss of the home's elevator. The inspector did not find a plan that provides for dealing with the loss of door security systems. The inspector asked the home's Administrator and the Caressant Care regional manager/nurse consultant if they could verify if there were any other emergency plans, that may not be in the Fire and Disaster binder, which provide for dealing with loss of the essential services noted above. No other emergency plans were provided to the inspector for review. [s. 230. (4) 1.]

Issued on this 25th day of June, 2015

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

Original report signed by the inspector.