Ontario

**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 performance du système de santé**
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## Public Copy/Copie du public

| Report Date(s) / Date(s) du apport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|---|---|---|---|
| May 26, 2015 | 2015_355588_0012 | 008683-15 | 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

CARESSANT CARE HARRISTON
24 LOUISE STREET P.O. BOX 520 HARRISTON ON N0G 1Z0

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

CHRISTINE MCCARTHY (588), INA REYNOLDS (524), RHONDA KUKOLY (213)

### Inspection Summary/Résumé de l'inspection

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

**This inspection was conducted on the following date(s): May 11, 12, 13, 14, 15, 2015.**

**During the course of the inspection, the inspector(s) spoke with 40 residents, the Administrator, the Director of Nursing, Resident Assessment Instrument(RAI) Coordinator, Resident Care Coordinator, 3 Registered Nurses, 6 Registered Practical Nurses, 9 Personal Support Workers, 1 Nursing Aide, 1 Health Care Aide, Nutrition Manager, Manager of Maintenance and Housekeeping, Resident Council President, 1 Recreation Assistant, and 1 Administrative Assistant.**

**During the course of the inspection, the inspector(s)conducted a tour of all Resident Home areas, common areas, dining rooms, medication room, medication storage areas, observed resident care provision, resident-staff interactions, dining service, recreational activities, medication administration, reviewed relevant residents' clinical records, posting of required information, relevant policies and procedures, as well as meeting minutes pertaining to the inspection.**

**The following Inspection Protocols were used during this inspection:**
**Accommodation Services - Laundry**
**Accommodation Services - Maintenance**
**Continence Care and Bowel Management**
**Dignity, Choice and Privacy**
**Dining Observation**
**Family Council**
**Hospitalization and Change in Condition**
**Infection Prevention and Control**
**Medication**
**Pain**
**Personal Support Services**
**Prevention of Abuse, Neglect and Retaliation**
**Reporting and Complaints**
**Residents' Council**
**Responsive Behaviours**
**Skin and Wound Care**
**Sufficient Staffing**

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

**5 WN(s)**
**4 VPC(s)**
**0 CO(s)**
**0 DR(s)**
**0 WAO(s)**

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

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care**

**Specifically failed to comply with the following:**

**s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:**
**10. Health conditions, including allergies, pain, risk of falls and other special needs. O. Reg. 79/10, s. 26 (3).**

**s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:**
**21. Sleep patterns and preferences. O. Reg. 79/10, s. 26 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the plan of care related to pain is based on an interdisciplinary assessment with respect to the resident's health conditions including pain.

Record review of the current plan of care for an identified resident revealed, "See Pain for specific pain interventions", with no documentation regarding a focus statement, goals or interventions related to pain based on an interdisciplinary assessment. Review of the most recent Medication Administration Record (MAR), and Progress Notes revealed that this resident experienced pain and was medicated for the same as a result of a medical condition.

Interview with this resident confirmed that they experience pain though it was managed well.

Interview with the Resident Assessment Instrument (RAI) Coordinator confirmed that the plan of care did not include any documentation regarding a focus statement, goals or interventions related to pain based on an assessment for this resident and that it was the homes expectation that there should be. [s. 26. (3) 10.]

2. The licensee has failed to ensure that a plan of care must be based on, at a minimum, an interdisciplinary assessment of the following with respect to the resident's sleep patterns and preferences.

Record review of the most recent Minimum Data Set (MDS) Quarterly Assessment for an identified resident, indicated that the resident had sleep-cycle issues up to five days a week. Record review of the current plan of care and Kardex on Point Click Care for this resident revealed there was no focus statement, goals or interventions related to the resident's sleep patterns and preferences based on the assessment.

Interview with the Resident Assessment Instrument (RAI) Coordinator confirmed that there was no plan of care or Kardex information regarding the resident's sleep patterns and preferences and that it was the home's expectation that there should be. [s. 26. (3) 21.]

***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 plan of care related to pain is based on an interdisciplinary assessment with respect to the resident's health conditions including pain, and sleep patterns, to be implemented voluntarily.***

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**WN #2: 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,**
**(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 the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Record review of Assessments, Care plan, Progress Notes, and Minimum Data Set (MDS) assessments in Point Click Care for an identified resident revealed that this resident had multiple areas of altered skin integrity.

Record review of Assessments completed in the home's online Assessment program revealed that Assessments for altered skin integrity were not completed on an identified week.

Interview with a staff member confirmed that it was the home's expectation that weekly assessments for altered skin integrity were to be completed in the program Pixilair and that assessments for this resident should have been completed on the identified week. [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 the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, be reassessed at least weekly by a member of the registered nursing staff if clinically indicated, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints**

**Specifically failed to comply with the following:**

**s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,**
**(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).**
**(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).**
**(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).**
**(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).**
**(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).**
**(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the documented record of complaints, kept in the home includes the date the complaint was received, every date on which any response was provided to the complainant and a description of the response, and any responses made by the complainant.

Interviews with residents and a family member completed during this inspection revealed residents had complaints or concerns about missing laundry.

Policy review of the Complaints Process dated March, 2012 revealed that "all verbal or written complaints concerning care or operation of the home will be documented, investigated and formally responded to".

Interview with the Director of Care and the Resident Care Coordinator confirmed that there was no evidence to support that complaints related to missing clothing was documented with the date the complaint was received, and that a response to residents was provided unless the resident's lost clothing was found. [s. 101. (2)]

***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 documented record of complaints, kept in the home includes the date the complaint was received, every date on which any response was provided to the complainant and a description of the response, and any responses made by the complainant, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 126. Every licensee of a long-term care home shall ensure that drugs remain in the original labelled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed. O. Reg. 79/10, s. 126.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that drugs remain in the original labeled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed.

Observations of a medication cart revealed several medications of various strengths located in the individual resident caddies within the medication cart, having been removed from the original labeled packages, and lacking the pharmacy label on them which would include the resident name, pharmacy provider, prescription number, etc. for administration to residents.

Interviews with a staff member, the Resident Care Coordinator and the Director of Nursing confirmed that medications had been removed from their original labeled container and stored in the medication cart. They confirmed that with this, the staff would not be able to complete required checks to ensure the medication was given to the right resident. The licensee failed to ensure that drugs remained in the original labeled container or package provided until administered to a resident. [s. 126.]

***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 drugs remain in the original labeled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

Observations of tray service revealed a staff member obtained a tray from the kitchen and walked in the hallway with the food item covered with a small side plate. The entree and three fluids were not covered during the delivery of the tray.

Review of the home's policy "Tray Service" dated March 2015 revealed: "Meals will be portioned in insulated plate warmers and plate covers for additional heat retention".

Interview with the Nutrition Manager confirmed the expectation of the home is that all foods and fluids are covered during the delivery of tray service to resident rooms. [s. 8. (1) (b)]

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**Issued on this 10th day of June, 2015**

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

**Original report signed by the inspector.**