

**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**Central West Service Area Office  
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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>
Feb 3, 2020	2020_750539_0001	024447-19	Other

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**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**

VALERIE GOLDRUP (539), DANIELA LUPU (758), TAWNIE URBANSKI (754)

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

**The purpose of this inspection was to conduct an Other inspection.**

**This inspection was conducted on the following date(s): January 6-10, 2020.**

**This inspection was a Central West Service Area Office Inspector Initiated (SAO II) inspection.**

**The following intake was completed in this SAO II Inspection: Log # 024447-19.**

**This inspection was completed in conjunction with Complaint inspection #2020\_750539\_0002.**

**The inspectors toured the home and observed dining service and medication administration. Resident care, services, and activities were also observed. Clinical records and plans of care for identified residents were reviewed. Also, relevant documents were reviewed including but not limited to the home's documentation and procedures as related to the inspection.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care (DOC), the Resident Care Coordinator (RCC) and Falls Lead, the Food and Nutrition Manager, the Environmental Service Manager, an Activity Aide, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), and residents.**

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

**Dining Observation**

**Falls Prevention**

**Medication**

**Reporting and Complaints**

**Residents' Council**

**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)**

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<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. 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 has failed to ensure that where the Act and Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the policy was complied with.

In accordance with O. Reg. 79/10, s.48(1) 1, and in reference to O. Reg. 79/10, s.49 (1), the licensee was required to have a falls prevention and management program that provided strategies to reduce or mitigate falls, including the monitoring of residents.

Specifically, staff did not comply with the home's Head Injury Routine (HIR) policy and procedure (effective date September 2019) which was part of the licensee's Falls Prevention and Management program that required staff to conduct head injury routines using a Post Head Injury Assessment Form for unwitnessed falls or after a resident sustained a trauma to the head.

The policy directed staff to complete specified tasks at identified time intervals on the Post Head Injury Assessment Form for 72 hours unless otherwise stated by the attending physician.

A Mandatory Falls Prevention Inspection Protocol (IP) was completed during the SAO II for resident #003. The resident had an unwitnessed fall on a specified date. Resident #003's clinical records were reviewed and indicated that a Post Head Injury Assessment Form was initiated.

The form showed missing assessments on four identified intervals and incomplete assessments on three identified intervals.

Further review of resident # 003's clinical records indicated that the resident had three other unwitnessed falls on specified dates. Post Head Injury Assessment Forms were reviewed and showed incomplete and missing assessments.

When interviewed, registered staff stated they were required to complete a Post Head Injury Assessment Form after any unwitnessed fall or any fall with injury of the head and continue to monitor the resident 72 hours after a fall, as per the home's Head Injury Routine policy and procedure.

They confirmed that there was no other documentation for the missing and incomplete assessments on the Post Head Injury Assessment Form.

2. Resident #006's clinical records were reviewed and indicated the resident had a fall on a specified date and the Post Head Injury Assessment Form was initiated. This document had spaces for the required vital signs at specified dates and times to be completed.

Record review showed that blood pressure vitals were incomplete on four identified intervals.

In an interview with registered staff, they confirmed that for resident #006 there was missing documentation for blood pressure vital signs on the Post Head Injury Assessment Form. (754)

3. Resident #007's clinical records were reviewed and indicated the resident had an unwitnessed fall on a specified date and the home initiated a Post Head Injury Assessment Form.

In interview with staff, they stated that they were unable to locate the completed Post Head Injury Assessment Form stating the form must have been misfiled. (539)

The licensee has failed to ensure that where the Act and Regulation required the licensee of a long-term care home to have a policy for falls prevention and management for monitoring of the resident, the policy for head injury routine was complied with for resi

***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 policy for Head Injury Routine is complied with, to be implemented voluntarily.***

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**Issued on this 4th day of February, 2020**

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

**Original report signed by the inspector.**