



**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**

**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 # / Registre no	Type of Inspection / Genre d'inspection
Aug 24, 2016	2016_254610_0026	024583-16	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 LISTOWEL NURSING HOME
710 RESERVE AVENUE SOUTH LISTOWEL ON N4W 2L1

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

NATALIE MORONEY (610), INA REYNOLDS (524)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): August 16, 17, 18, 19, 2016

**The Following Critical Incidents were conducted concurrently during the RQI
Log # 008959-16 CI 2664-000002-16 related to alleged resident to resident abuse
Log # 018436-16 CI 2664-000001-16 related to alleged resident to resident abuse
Log # 024664-16 CI 2664-000008-16 related to falls prevention and management**

During the course of the inspection, the inspector(s) spoke with the Administrator, one RAI-Coordinator, one Ward Clerk, one Regional Manager, one Activity Director, one Housekeeper Aide, two Registered Nurses, two Registered Practical Nurses, and six Personal Support Workers.

The inspector(s) completed a tour of the home, interviews, reviewed health care records, observed residents and their care, reviewed relevant policies and other reports as needed.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Falls Prevention
Infection Prevention and Control
Medication
Minimizing of Restraining
Pain
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Skin and Wound Care**

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

**3 WN(s)
2 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Legendé

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
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).

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.

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. 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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

On August 19, 2016, Inspector # 610 observed opened medication for drug destruction in the east wing medication cart.

RAI Coordinator # 104 said that medications that should be destroyed were placed in the stericycle medication container designated for medication destruction.

Further review of the drug destruction process for non-controlled medications on August 19, 2016, showed that the home could not provide a medication log for drug destruction and disposal log.

A review of the pharmacy policy and procedures for Non Medication Policy 5-4 Handling of Medication:

Indicated that a Nurse was to identify on an ongoing basis any medication for disposal by; medication for destruction were removed from all medication storage areas and retained in a secure area in the medication room, separate from medication for administration to a resident; nurse and another staff member document the date and unit of medication and signed off in a log book by both team members.

The Adminstator # 100 said that there should be a log of medication for drug destruction and disposal that would identify the medication, the team members who signed off and the quantity and acknowledged that there was not. [s. 8. (1) (b)]



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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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

WN #2: 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 had 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.

RPN # 114 said that when a resident refused medication or a medication was on hold that the medication requiring drug destruction would stay in the medication cart until the night nurse was on to destroy the medication.

Review of the pharmacy policy and procedures for Non Medication Policy 5-4 Handling of Medication:

Indicated that a Nurse was to identify on an ongoing basis any medication for disposal by; checking medication remain in the original packaging from pharmacy; medication for destruction are removed from all medication storage areas and retained in a secure area in the medication room, separate from medication for administration to a resident.

RPN # 114 said that they were not keeping the medication in the original packages sent from pharmacy for drug destruction.

The Administrator # 100 said that the medication should have been in the original packaging until drug destruction and acknowledged that it was not. [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.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping



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Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and

(iii) contact surfaces; O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :



1. The licensee failed to ensure that procedures are developed and implemented in accordance with manufacturer's specifications, using at a minimum a low level disinfectant in accordance with evidence-based practices and, if there are none, with prevailing practices, for cleaning and disinfection of supplies and devices, including personal assistance services devices, assistive aids and positioning aids and contact surfaces

During an observation on August 17, and 18, 2016, resident # 023 was observed in a wheelchair with a dried substance on the seat cushion of the wheelchair, and the outer right side of the wheelchair.

The Homes Policy Commodes, Wheelchairs, Lifts –Cleaning Guidelines dated May 2015:

All wheelchairs, walkers, gerichairs, commodes lifts and shower chairs are to be cleaned daily by the PSW's.

The Wheelchair/Walker Cleaning checklist showed that resident # 023 was to have the wheelchair cleaned weekly.

PSW # 108 said that the night staff were to clean the wheelchairs on a rotation schedule.

The Administrator # 100 on August 18, 2016, said that the resident's wheelchair should have been cleaned and acknowledged it was not. [s. 87. (2) (b)]

Issued on this 12th day of September, 2016

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



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Original report signed by the inspector.