



**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  
Direction de l'amélioration de la  
performance et de la conformité**

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130 avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

## **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 21, 2015	2015_303563_0030	019108-15	Complaint

### **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 ON BONNIE PLACE  
15 Bonnie Place St Thomas ON N5R 5T8

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

MELANIE NORTHEY (563)

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



**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**

**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): August 20, 2015**

**During the course of the inspection, the inspector(s) spoke with the Resident Assessment Coordinator, the Resident Care Coordinator, two Registered Practical Nurses, one Resident and one Family Member.**

**The inspector also made observations, reviewed the home's investigation records, health records, policies and other relevant documentation.**

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

**Falls Prevention**

**Personal Support Services**

**Responsive Behaviours**

**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)**

**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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
  - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
  - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**



**Findings/Faits saillants :**

1. The licensee has failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs changed or care set out in the plan was no longer necessary.

Record review of the progress notes revealed Resident # 001 had a decline in physical function early in the year.

Observation of Resident # 001 revealed the resident was basically independent for walking and transfers.

Record review of the Minimum Data Set (MDS) Assessment for the Falls Resident Assessment Protocol (RAP) revealed Resident # 001 was able to walk independently without the use of gait aids.

Record review of the current care plan revealed Resident # 001 required the use of a gait aid.

Staff interview with the Resident Assessment Instrument Coordinator (RAI-C) and the Resident Care Coordinator (RCC) confirmed Resident # 001's the plan of care was not revised when the resident's care needs changed or care set out in the plan was no longer necessary related to the use of a gait aid.

Record review of the "Risk Management" tab in PointClickCare (PCC) revealed Resident # 001 sustained a fall.

Record review of the MDS Assessment for the Falls RAP revealed the resident was at risk for falls.

Record review of the current care plan revealed Resident # 001 did not have fall prevention strategies in place in response to the resident's identified risk.

Staff interview with the Resident Assessment Instrument Coordinator, RAI-C, and the Resident Care Coordinator, RCC, confirmed there was no care plan focus ever developed for fall prevention and when the resident's care needs changed related to the fall, the care plan should have been updated to include fall prevention interventions. [s. 6. (10) (b)]



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

***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 is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.***

---

**WN #2: 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 the "Assessment of Residents" Policy and the "Resident Safety Plan" Policy put in place was complied with.

Record review of the "Assessment of Residents" Policy last reviewed May 2015 revealed "In addition to the MDS assessment, quarterly and upon return from hospital the following assessments shall be completed by the nursing department: Caressant Care Fall Assessment if resident scored positive in section J4a or B, E4a, J1F, PAC1."

Record review of the "Resident Safety Plan" Policy effective March 2011 revealed "Part C- Post Fall Management, the interdisciplinary team will complete a Caressant Care internal incident report and detailed progress note and review fall prevention interventions and modify plan of care as indicated."

Record review of the "Risk Management" tab in PCC revealed Resident # 001 sustained a fall.

Record review of the Minimum Data Set (MDS) Assessments revealed the resident scored positive in section B and E4a on all MDS Assessments completed since admission.

Record review of the Assessments tab in PCC revealed a Caressant Care Fall Risk Assessment was only completed on one occasion.

Record review of the current care plan revealed Resident # 001 did not have fall prevention strategies in place.

Staff interview with the RAI-C revealed the home did not meet the expectation to follow the policies in place for assessment completion and updating of the care plan related to resident safety. [s. 8. (1) (a),s. 8. (1) (b)]



**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**

***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 "Assessment of Residents" Policy and the "Resident Safety Plan" Policy put in place is complied with, to be implemented voluntarily.***

---

**Issued on this 28th day of August, 2015**

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

**Original report signed by the inspector.**