Ontario

**Ministry of Long-Term Care**

**Ministère des Soins de longue durée**

# 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**

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## Public Copy/Copie du rapport public

| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|---|---|---|---|
| Dec 19, 2019 | 2019_538144_0056 | 022730-19 | 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

CAROLEE MILLINER (144)

## Inspection Summary/Résumé de l'inspection

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

**This inspection was conducted on the following date(s): December 10 and 11, 2019.**

**The following intakes were inspected within this inspection:**
**Log 022730-19, IL-72451-LO related to falls prevention and management**
**Log 021106-19, CIS 2730-000048-19 related to falls prevention and management.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director, Resident Care Coordinator, one Registered Nurse, one Registered Practical Nurse, one Personal Support Worker and one Physiotherapist Aide.**

**During the course of the inspection, the inspector reviewed one resident clinical record and one home Complaint Form.**

**The following Inspection Protocols were used during this inspection:**
**Falls Prevention**
**Pain**
**Personal Support Services**

**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)**

| 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 | Légende<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 LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**

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

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**
**4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that one resident was cared for in a manner consistent with his or her needs.

One resident experienced a fall that initially resulted in a minor injury.

At the time of the fall, the post fall assessment and progress notes for the resident reflected that there were no changes in the residents' physical capabilities.

Physiotherapist Assistant (PTA) #102 told the inspector that post fall, the resident did not complain of pain but required additional cuing to participate in their exercise class.

PSW #104 shared that post fall, the resident remained in bed most of the time and was uncomfortable during repositioning and transfers.

RN #105 advised that post fall, as time went on, the resident complained of more pain.

Executive Director (ED) #100 and Resident Care Coordinator (RCC) #101 told the inspector that the residents' Medical Directive identified them as a level 2 meaning the resident would not be transferred to hospital unless there was an emergency situation.

The resident was assessed by Nurse Practitioner (NP) #107 who documented that staff and the resident’s Power of Attorney (POA) reported that the resident had ongoing pain since the fall and, that the resident communicated to the NP that they had pain.

NP #107 ordered an x ray for the resident which was completed one week later.

The x ray report revealed the resident had sustained an injury that required hospitalization.

The clinical record for the resident included that the resident was administered medication for pain several times prior to the x ray.

The licensee failed to ensure that the resident was cared for in a manner consistent with his or her needs. [s. 3. (1) 4.]

***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 residents are cared for in a manner consistent with his or her needs, to be implemented voluntarily.***

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**Issued on this 23rd day of December, 2019**

[redacted]

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

**Original report signed by the inspector.**