



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

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Performance Improvement and
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Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité

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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
Sep 3, 2013	2013_232112_0009	L-000370-13	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 ON BONNIE PLACE
15 Bonnie Place, St Thomas, ON, N5R-5T8

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

CAROLE ALEXANDER (112), ELISA WILSON (171), TERRI DALY (115)

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): July 23, 24, 25, 26, 29, 30, 31, and August 1 and 2, 2013

L-000339-13 completed during this RQI

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Food Service Manager, Activity Director, Environmental Services Manager, 5 Registered Practical Nurses, 1 Registered Nurse, RAI Coordinator, Physiotherapist, Dietitian, 16 Personal Support Workers, 3 Activity Aides, 3 Housekeeping Aides, 3 Dietary Aides, 40 Residents and 3 Family Members

During the course of the inspection, the inspector(s) toured the home, reviewed clinical records, programs, relevant policies and procedures, observed a meal service, medication pass and general maintenance for cleanliness and home condition.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance

Admission Process

Continence Care and Bowel Management

Critical Incident Response

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

Hospitalization and Death

Infection Prevention and Control



Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Quality Improvement

Recreation and Social Activities

Resident Charges

Residents' Council

Responsive Behaviours

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

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.)

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.

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :



1. The Licensee had not ensured that the resident's right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity was fully respected and promoted.

Thirteen percent of the interviewed residents when asked the questions, "Do you feel the staff treats you with respect and dignity?" or "Has staff yelled or been rude to you?", responded negatively with comments such as:

- staff members are "not as gentle" and are sometimes "unpleasant" and "a bit rough".
- a resident feeling as though she is a bother to staff
- a resident said she observed two staff being "abusive" with a "vulnerable resident."

It was also confirmed during a concurrent Critical Incident inspection that a PSW yelled at a resident to "mind her own business". [s. 3. (1) 1.]

2. During a staff interview, PSW staff were asked to describe a resident's behavioral challenges.

A PSW described a resident as acting like a "mad dog" and said "this morning she had to have a suppository and within a few minutes she was at the end of the hall yelling at the RN to disimpact her" The resident was described as being "manipulative and wanting her way every second." The resident was also described as "being obsessed." The PSW's tone of voice noted to be raised and assertive when describing the resident. [s. 3. (1) 1.]

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 every resident is treated with courtesy and respect in a way of fully recognizing resident's individuality and respecting the resident's dignity, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care



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Specifically failed to comply with the following:

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

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 had not ensured the staff and others involved in the different aspects of care of the resident collaborated in the development and implementation of the plan of care.

The plan of care for a resident regarding toileting was inconsistent with related staff interview information. The Minimum Data Set coding was inconsistent with the Resident Assessment Protocol (RAP) assessments and the care plan interventions.

Registered staff and the Resident Assessment Coordinator indicated they were not aware the resident was not being transferred for toileting. Based on this information a full continence and pain assessment were started in order to revise the care plan accordingly. [s. 6. (4) (b)]

2. The plan of care for a resident was not reviewed and revised to reflect the resident's current care needs relating to dressing and undressing.

Registered staff indicates that this care plan focus and goal has not be re-assessed to reflect the residents current status.

The resident verified that she requires one staff to assist with dressing and undressing. [s. 6. (10) (b)]

3. The Licensee had not ensured the plan of care was reviewed and revised when resident care needs changed.

The care plan for a resident was inconsistent with staff information related to bed rail use

Registered staff and physiotherapist confirmed the resident needs related to bed rails [s. 6. (10) (b)]

4. The Licensee had not ensured that a resident's plan of care was reviewed and revised when the resident's care needs changed.

The plan of care for a resident was inconsistent with a medical progress note.

Registered staff confirmed the information. [s. 6. (10) (b)]

5. The Licensee had not ensured the resident was reassessed and the plan of care



reviewed and revised when care needs change.

A resident's care conference notes indicated needs relating to meals and rest periods which was inconsistent with the resident's plan of care

Registered staff confirmed the care plan had not been reviewed and revised following a change in the resident's care needs. [s. 6. (10) (b)]

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 for ensuring that staff and others involved in the different aspects of care of a resident collaborate in the development and implementation of the plan of care, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :



1. The Licensee had not ensured that the home's furnishings were kept clean and sanitary as evidenced by the following:

- 1) During the initial tour of the home the following were observed: unclean floors, especially in resident washrooms.
- 2) Cobwebs, dirt and crumbs observed in corners on the floor by the glass exit doors to patio and around baseboards and main door in the dining room,
- 3) Numerous resident bedrooms and bathrooms with heavy wax build up and dirt along the edge of walls and baseboards of many rooms and hallways
- 4) Numerous resident bedrooms and bathroom floors heavily stained and or unclean
- 5) Some ceiling tiles in resident home areas stained and some missing

The Administrator confirmed a number of bathroom floors needed to be replaced and that cleaning the edges of rooms needed to be added to housekeeping routines.

The Administrator confirmed a number of bathroom floors needed to be replaced and that cleaning the edges of rooms needed to be added to housekeeping routines.
(171)(112) [s. 15. (2) (a)]

2. The Licensee had not ensured that the home's furnishings and equipment were maintained in a good state of repair as evidenced by:

- 1) numerous resident bedroom walls had paint chipped and wall damage,
- 2) many resident bathrooms floor stains and damaged,
- 3) numerous toilets with stained caulking,
- 4) some bathroom sinks corroded at the drain inside the sinks,
- 5) stained ceiling tiles,
- 6) common area lounge chairs have worn/scraped legs,
- 7) numerous bed rails have paint worn off
- 8) Numerous resident bedroom and bathroom floor areas unclean and or stained and/or wax build

up

This was confirmed by the Maintenance Manager and Administrator (171) (115) [s. 15. (2) (c)]



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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 the home's furnishings are kept clean and sanitary, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that, (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The Licensee had not ensured that a resident who was incontinent received an assessment that included causal factors using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence.

A resident's continence status and an assessment was not conducted. There was no documented evidence of an assessment of continence needs

Registered staff confirmed there was not an assessment included in point click care regarding the change in resident's care needs regarding continence. [s. 51. (2) (a)]

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 the use of a clinically appropriate incontinence assessment instrument is used,, to be implemented voluntarily.



WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :

1. The Licensee had not ensured each resident was offered the planned menu items at each meal.

Lunch meal service was observed in the D Wing dining room on July 23, 2013. The planned desserts were peaches and white chocolate mousse. There were only two servings of peaches sent which resulted in 11 residents not getting a choice of dessert. The white chocolate mousse was prepared in two serving sizes for regular and diabetic diets. Staff were serving the diabetic portions to the residents on regular diets and at least two diabetic residents received regular portion sizes. Three residents left the dining room without being offered a dessert at all.

The Food Services Manager confirmed they should have had more fruit available at that meal and that if the dining room runs out of an item they can come to the main dining room or kitchen for more. It was also confirmed that there is not a process in place currently to track when they run out of dessert choices. [s. 71. (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 every resident is offered the planned menu items, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping



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,
(a) cleaning of the home, including,
(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and
(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; O. Reg. 79/10, s. 87 (2).

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,
(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :



1. The Licensee had not ensured that housekeeping procedures were developed and implemented for the cleaning of the home.

The Housekeeping Daily Routines document provided during this inspection was unfamiliar to the housekeeping staff. On review it was determined by staff that it was missing some tasks that were completed regularly and on some days the list of tasks to be completed would not be possible for a single person.

The Administrator confirmed that after the document was compiled it had not been reviewed and implemented as expected. [s. 87. (2) (a)]

2. The Licensee had not ensured that procedures were developed and implemented to address incidents of lingering offensive odours.

During the course of this inspection it was noted that the bathrooms in rooms B30, B14 and B23 and the resident lounge area had a lingering offensive odour. Staff acknowledge that they have not been successful in attempts made to address this odour.

The was confirmed by the Administrator and the Maintenance Supervisor. The bathroom areas had been identified in managements' internal audits as requiring new flooring to address the problem. The offensive odours were confirmed by the Maintenance Supervisor.

115, 112 & 171 [s. 87. (2) (d)]

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 housekeeping procedures are developed and implemented,, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements



Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).

2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

Findings/Faits saillants :



1. The Licensee had not ensured all programs, that include goals and objectives, relevant policies, procedures and protocols, were evaluated and updated at least annually.

There was documented evidence that programs were being evaluated by the staff in the home, however the policies included within the program had not been updated by the licensee annually. Examples include:

a) Continence

- Establishing an Individual Program July 2007
- Privacy of Residents February 2003
- Supplies and Equipment March 2006
- Mission Statement March 2006

The above policies reference the Ministry of Health Standards and Criteria which have not been in effect since July 1, 2010.

b) Tuberculin 2 Step Testing - One Resident

c) Head Injury Routine - One Resident

Management of the home confirm when they review programs they are not able to update policies as they are corporate policies. It was confirmed the licensee is currently updating policies to be completed by December 2013. [s. 30. (1) 3.]

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following:

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :



1. The Licensee did not ensure that a resident was assessed for pain using a clinically appropriate tool
Caressant Care recognizes the RAI MDS as a comprehensive assessment. Residents who score a two (2) or higher on any MDS RAI assessment under section J2 will have a further pain assessment completed using the Caressant Care Pain Assessment Tool on Point Click Care.
This assessment will also be utilized when: a new pain medication is initiated, a resident exhibits distress related behaviours or facial grimace, a resident/family/staff/volunteer indicates pain is present.

Registered Staff verified that a resident has not had a pain assessment completed. [s. 52. (2)]

WN #9: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 59. Family Council

Specifically failed to comply with the following:

s. 59. (7) If there is no Family Council, the licensee shall,
(a) on an ongoing basis advise residents' families and persons of importance to residents of the right to establish a Family Council; and 2007, c. 8, s. 59. (7).
(b) convene semi-annual meetings to advise such persons of the right to establish a Family Council. 2007, c. 8, s. 59. (7).

Findings/Faits saillants :

1. The Licensee has not convened semi-annual meetings to advise residents' families and persons of importance to Long Term Care residents of their right to establish a Family Council.

This was confirmed by the Administrator. [s. 59. (7) (b)]

WN #10: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.



Specifically failed to comply with the following:

- s. 78. (2) The package of information shall include, at a minimum,**
- (a) the Residents' Bill of Rights; 2007, c. 8, s. 78 (2)**
 - (b) the long-term care home's mission statement; 2007, c. 8, s. 78 (2)**
 - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 78 (2)**
 - (d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 78 (2)**
 - (e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 78 (2)**
 - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 78 (2)**
 - (g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained; 2007, c. 8, s. 78 (2)**
 - (h) the name and telephone number of the licensee; 2007, c. 8, s. 78 (2)**
 - (i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91 (1) for each type of accommodation offered in the long-term care home; 2007, c. 8, s. 78 (2)**
 - (j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home; 2007, c. 8, s. 78 (2)**
 - (k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges; 2007, c. 8, s. 78 (2)**
 - (l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge; 2007, c. 8, s. 78 (2)**
 - (m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs; 2007, c. 8, s. 78 (2)**
 - (n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents; 2007, c. 8, s. 78 (2)**



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(o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package; 2007, c. 8, s. 78 (2)

(p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations; 2007, c. 8, s. 78 (2)

(q) an explanation of the protections afforded by section 26; 2007, c. 8, s. 78 (2)

(r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)

Findings/Faits saillants :

1. The Licensee had not ensured that information for residents was provided.

The admission package did not include a statement with the effective July 1, 2013 rates of the maximum amount a resident can be charged for each type of accommodation offered in the home.

Two admission packages were reviewed and contained information based on outdated accommodation rates.

The administrator confirmed that not all packages had been revised and may still have the outdated accommodation rates listed. [s. 78. (2) (i)]

WN #11: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information



Specifically failed to comply with the following:

s. 79. (3) The required information for the purposes of subsections (1) and (2) is,

- (a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)
- (b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)
- (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)
- (d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)
- (e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)
- (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 79 (3)
- (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained; 2007, c. 8, s. 79 (3)
- (h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)
- (i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)
- (j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)
- (k) copies of the inspection reports from the past two years for the long-term care home; 2007, c. 8, s. 79 (3)
- (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years; 2007, c. 8, s. 79 (3)
- (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years; 2007, c. 8, s. 79 (3)
- (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)
- (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)
- (p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)
- (q) any other information provided for in the regulations. 2007, c. 8, s. 79 (3)



Findings/Faits saillants :

1. The Licensee had not ensured that the required information was posted. The name and telephone number of the Licensee was not posted and/or communicated.

This information was verified by the Administrator. [s. 79. (3) (h)]

2. An explanation of the measures to be taken in case of a fire were not posted and communicated.

This information was verified by the Maintenance Supervisor and the Administrator. [s. 79. (3) (i)]

3. An explanation the evacuation procedures were not posted and communicated.

This information was verified by the Maintenance Supervisor and the Administrator. [s. 79. (3) (j)]

WN #12: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey



Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,

(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3); 2007, c. 8, s. 85. (4).

(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any; 2007, c. 8, s. 85. (4).

(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and 2007, c. 8, s. 85. (4).

(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :

1. The Licensee did not seek the advice of the Residents' Council in developing and carrying out the resident satisfaction survey for 2013, and in acting on its results. This was confirmed by the Administrator. [s. 85. (3)]

2. The Licensee did not seek the advice of Resident's Council in developing and carrying out the satisfaction survey. This was confirmed by the Administrator. [s. 85. (3)]

3. The 2012 satisfaction survey results were not available for review. This was confirmed by the Administrator. [s. 85. (4) (d)]

WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents



Specifically failed to comply with the following:

s. 107. (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):

- 1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition. O. Reg. 79/10, s. 107 (3).**
- 2. An environmental hazard, including a breakdown or failure of the security system or a breakdown of major equipment or a system in the home that affects the provision of care or the safety, security or well-being of residents for a period greater than six hours. O. Reg. 79/10, s. 107 (3).**
- 3. A missing or unaccounted for controlled substance. O. Reg. 79/10, s. 107 (3).**
- 4. An injury in respect of which a person is taken to hospital. O. Reg. 79/10, s. 107 (3).**
- 5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital. O. Reg. 79/10, s. 107 (3).**

Findings/Faits saillants :

- 1. The Licensee had not ensured that the Director was informed no later than one business day after an occurrence of an incident.
This was verified by the Director of Care. [s. 107. (3)]**

WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs



Specifically failed to comply with the following:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
 - (i) that is used exclusively for drugs and drug-related supplies,**
 - (ii) that is secure and locked,**
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
 - (iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).**
 - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**
-

Findings/Faits saillants :

1. The Licensee had not ensured safe storage of drugs.

A Registered staff member was observed leaving a medication cup containing medications on top of the medication cart and then leaving the medication cart unattended.

A review of the Medical Pharmacies policy and procedure Section 12 Policy 12-5 notes on page 3

If a resident initially refuses medication, place the med cup labeled with the resident's name in the resident's bin. Leave the flag in place. Try to administer medication again at the end of the pass. If still refused, enter code (2) on MAR sheet and place medication in D/C med bin for destruction.

This was also observed by the Administrator and the Charge Nurse. [s. 129. (1) (a)]



WN #15: The Licensee has failed to comply with O.Reg 79/10, s. 228.

Continuous quality improvement

Every licensee of a long-term care home shall ensure that the quality improvement and utilization review system required under section 84 of the Act complies with the following requirements:

1. There must be a written description of the system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review.
2. The system must be ongoing and interdisciplinary.
3. The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents must be communicated to the Residents' Council, Family Council and the staff of the home on an ongoing basis.
4. A record must be maintained by the licensee setting out,
 - i. the matters referred to in paragraph 3,
 - ii. the names of the persons who participated in evaluations, and the dates improvements were implemented, and
 - iii. the communications under paragraph 3. O. Reg. 79/10, s. 228.

Findings/Faits saillants :

1. The Licensee had not ensured the quality improvement and utilization review system included a written description of the system including goals, objectives, policies, procedures and protocols and a process to identify initiatives for review with regards to housekeeping.

This was confirmed with the Administrator. [s. 228. 1.]

WN #16: The Licensee has failed to comply with O.Reg 79/10, s. 231. Resident records

Every licensee of a long-term care home shall ensure that,

- (a) a written record is created and maintained for each resident of the home; and
- (b) the resident's written record is kept up to date at all times. O. Reg. 79/10, s. 231.



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

Findings/Faits saillants :

1. The Licensee had not ensured a resident's record was kept up to date at all times.

A review of a resident's medical records revealed incomplete a form to be incomplete for required documentation.

Registered staff confirmed the form was undated and incomplete and the expectation it be completed as per policy. [s. 231. (b)]

Issued on this 5th day of September, 2013

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

C. ALEXANDER