Ontario

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

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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
Jun 10, 12, 2014	2014_261522_0014	L-000544-14	Critical Incident System

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 MARY BUCKE
4 MARY BUCKE STREET, ST. THOMAS, ON, N5R-5J6

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

JULIE LAMPMAN (522)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): June 5, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing, Wound Care Lead/Registered Practical Nurse, 2 Registered Nurses, a Personal Support Worker, a Health Care Aide, a Dietary Staff Member, a Family Member and a Resident.

During the course of the inspection, the inspector(s) toured the resident home area, observed staff/resident interactions, reviewed the home's policies on Resident Abuse, Neglect,
Zero Tolerance and Skin Care, reviewed the home's investigation notes regarding the critical incident, reviewed employee education records, and reviewed resident's clinical records.

The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation
Skin and Wound Care

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.) 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. 17. Communication and response system

Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).
(b) is on at all times; O. Reg. 79/10, s. 17 (1).
(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).
(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).
(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).
(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the home is equipped with a resident-staff communication and response system that, (a) can be easily seen, accessed and used by residents, staff and visitors at all times.

On two separate occasions the Inspector observed Resident #001 in the resident's room. The resident was sleeping in a wheelchair which was positioned at the foot of the resident's bed. The resident's call bell was located on the bedside table out of the resident's reach.

After the first incident a Health Care Aide confirmed the call bell was not within reach of the resident and stated the resident should have the call bell at all times.

After the second incident the Administrator confirmed that the call bell was not within reach of the resident and stated that the home's expectation is that call bells are to be easily accessible to all residents. [s. 17. (1) (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 ensuring the home is equipped with a resident-staff communication and response system that can be easily seen, accessed and used by residents, 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 failed to ensure that the home's Skin Care Policy was complied with in respect to Personal Support Workers documentation of resident's altered skin integrity.

Observation of Resident #001 at the nurse's station revealed the resident had altered skin integrity.

Interview with the Wound Care Lead (WCL)/RPN revealed that the altered skin integrity had not been reported by staff members who provide care for Resident #001. Review of Progress Notes and Point of Care with WCL/RPN revealed no documentation or alerts regarding the altered skin integrity. WCL/RPN confirmed the expectation that Personal Support Worker's are to document the resident's altered skin integrity in Point of Care which alerts the WCL/RPN.

Review of the home's Skin Care policy states, "Each resident will be assessed by registered staff for skin integrity upon admission....and daily during routine care by HCA/PSW staff. Those found to be at risk for altered skin integrity, or whose skin integrity has been compromised, shall have that risk or condition documented in the resident's plan of care." "The skin integrity of each resident will be assessed for areas of pressure or breakdown each time personal care is delivered."

Interview with the Administrator confirmed the expectation that the home's Skin Care Policy is complied with regarding documentation of resident's altered skin integrity. [s. 8. (1) (a),s. 8. (1) (b)]

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director

Specifically failed to comply with the following:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).
3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).
4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).
5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).

Findings/Faits saillants :

1. A person who had reasonable grounds to suspect the abuse of a resident by anyone failed to immediately report the suspicion and the information upon which it was based to the Director.

On a specified date two staff members witnessed another staff member verbally abuse Resident #001.

The staff members did not immediately report the abuse to the Administrator, Director of Nursing (DON) or to the Director at the Ministry of Health and Long Term Care.

Review of the home's Abuse & Neglect - Staff to Resident, Family to Resident, Resident to Resident, Resident to Family or Staff Policy states,
"Mandatory Reporting :
1) All cases of suspected or actual abuse must be reported immediately in written form to the DON/Administrator. In the absence of management staff, concerns should be reported immediately to the Charge Nurse, who will notify staff on call.

2) After receiving notice of the abuse, the DON will immediately notify the Administrator of the initiation of an investigation. In the absence of management staff, the Charge Nurse will report initiation of an investigation to the management member on call."

The Administrator confirmed that the staff members did not immediately report the suspicion of abuse and it is the home's expectation that all alleged or suspected abuse be reported immediately. [s. 24. (1)]

Issued on this 12th day of June, 2014

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