



**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  
291 King Street, 4th Floor  
LONDON, ON, N6B-1R8  
Telephone: (519) 675-7680  
Facsimile: (519) 675-7685

Bureau régional de services de  
London  
291, rue King, 4<sup>ième</sup> étage  
LONDON, ON, N6B-1R8  
Téléphone: (519) 675-7680  
Télécopieur: (519) 675-7685

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 27, 2014	2014_232112_0003	L-000013-14	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 MARY BUCKE  
4 MARY BUCKE STREET, ST. THOMAS, ON, N5R-5J6

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

CAROLE ALEXANDER (112), ALI NASSER (523), 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): Jan. 20, 21, 22, 23, 24/  
2014**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, the Maintenance Personnel, 2 Registered Nurses, 4 Registered Practical Nurses, Dietitian, Food Service Manager, the Activity Director, 8 Personal Support Workers, 1 Physiotherapy Assistant, 1 Dietary Aide, 1 Cook, 40 residents, the President of the Family Council, 3 Family Members.**

**During the course of the inspection, the inspector(s) toured the home, reviewed resident clinical records, programs, relevant policies and procedures, and observed a meal service, medication pass and the homes' general maintenance relating to upkeep and condition of the home including resident equipment and supplies.**

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

**Accommodation Services - Maintenance  
Continence Care and Bowel Management  
Critical Incident Response  
Dining Observation  
Family Council  
Food Quality  
Hospitalization and Death  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Recreation and Social Activities  
Residents' Council  
Responsive Behaviours  
Safe and Secure Home  
Skin and Wound Care**

**Findings of Non-Compliance were found during this inspection.**



<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<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. 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 :**



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1. The licensee has failed to ensure that the home is in good state of repair.

This was evidenced by the following:

- 1) Numerous resident bedroom walls and hallway walls had scrapes, chipped paint and many areas with lower wall damage.
- 2) Numerous ceilings with cracks and old water damage in the resident bedroom areas, the south tub room and the central nursing station.
- 3) The Activity Room had missing baseboards, floor tiles and marks of disrepair on the ceiling. [s. 15. (2) (c)]

***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 is kept in a good stated of repair, to be implemented voluntarily.***

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**WN #2: 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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**

**(a) the planned care for the resident; 2007, c. 8, s. 6 (1).**

**(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**

**(c) clear directions to staff and others who provide direct care to the resident.  
2007, c. 8, s. 6 (1).**

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**Findings/Faits saillants :**



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1. The Licensee has failed to ensure that the plan of care provided clear directions to staff regarding toileting and bowel care for a resident as evidenced by:

a) A resident's plan of care for toileting and bowel incontinence was not reflective in identifying current needs.

b) Two Personal Support Workers stated that the resident's toileting needs had changed. The Director of Care confirmed that the policy of the home is to ensure that resident care interventions for toileting and bowel care is reflective of current status.

[s. 6. (1) (c)]

2. The licensee has failed to set out clear directions to staff regarding oral hygiene care for a resident as evidenced by:

a) The resident's plan of care was not reflective of the resident's current oral care needs

b) Three Personal Support Workers stated that the oral care interventions were outdated.

A Registered staff confirmed the care plan does not provide accurate and up to date information relating to the resident's mouth care needs. [s. 6. (1) (c)]

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**WN #3: 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).**

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**Findings/Faits saillants :**

1. The Licensee has failed to comply with the home's policy: "Air Temperature and Quality" policy number "ES23.1" which states that "Air Temperatures are to be recorded daily using the Air Temperature Log" This was evidenced by the following: Management was not able to provide any daily temperature monitoring for 2013.

This was confirmed by the Maintenance staff member and the Administrator. [s. 8. (1)

(b)]



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**WN #4: 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).**

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**Findings/Faits saillants :**



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1. The licensee has failed to seek the advice of both the Residents' and Family Councils when developing and carrying out the home's satisfaction survey for 2013.  
a) Review of both the Residents' and Family Council meeting minutes from January 2013 to present did not reflect any discussions for advice/input for conducting a satisfaction survey. This was confirmed by the president of the Family Council, Administrator and Activity Director. [s. 85. (3)]

2. The licensee has not made available to both the Residents' and Family Councils the results of the satisfaction survey for 2013, in order to seek the advice of the Councils  
a) A review of both the Residents' and Family Councils meeting minutes from January 2013 to present did not reflect the home seeking any advice from the residents about the results of the home's 2013 satisfaction survey. This was confirmed by the president of the Family Council, Administrator and Activity Director. [s. 85. (4) (a)]

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services**

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

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,  
(c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection; O. Reg. 79/10, s. 90 (2).**

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,  
(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks; O. Reg. 79/10, s. 90 (2).**

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**Findings/Faits saillants :**



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1. The licensee has failed to ensure that the home's heating system was inspected by a certified individual every 6 months.

The Licensee was not able to provide any inspection of the system for 2013.

This was confirmed by the Maintenance staff and the Administrator [s. 90. (2) (c)]

2. The Licensee has failed to ensure that procedures are in place to ensure that sinks are maintained and kept free of corrosion and cracks as was evident from observations in the following resident bathrooms: E-8 & N-5 cracked sink, S-4 & S-5 drain corrosion in sinks, S-3 tab corrosion. [s. 90. (2) (d)]

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**Issued on this 28th day of January, 2014**

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

*C. ALEXANDER*