



**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**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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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>
May 31, 2017	2017_591623_0008	030390-16, 033958-16, 005219-17, 005625-17, 007512-17	Complaint

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**Licensee/Titulaire de permis**

CARESSANT-CARE NURSING AND RETIREMENT HOMES LIMITED  
264 NORWICH AVENUE WOODSTOCK ON N4S 3V9

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**Long-Term Care Home/Foyer de soins de longue durée**

CARESSANT CARE ON MCLAUGHLIN ROAD  
114 McLaughlin Road LINDSAY ON K9V 6L1

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

SARAH GILLIS (623)

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

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

**This inspection was conducted on the following date(s): May 12, 16, 17, 18, 19, 23,  
and 24, 2017**

**The following logs were inspected;**

**# 030390-16 - related to continence care**

**# 033958-16 - related to wound care**

**# 005219-17 - related to falls**

**# 005625-17 - related to falls, continence care**

**# 007512-17 - related to skin care, care conferences, maintenance in the home**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Nursing (DON), Resident Care Coordinator (RCC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Environmental Services Supervisor (ESS), Activity Director (AD), Ward Clerk, Physiotherapist (PT), resident's and family members.**

**In addition, during the course of the inspection, the inspector toured the home, observed staff to resident and resident to resident interactions. The inspector reviewed clinical health records, maintenance service records, program evaluations, meeting minutes, policies related to falls prevention and management, resident safety plan, personal assistive service devices (PASD), skin and wound care, continence care and bowel management as well as maintenance service requests.**

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

**Accommodation Services - Maintenance  
Continence Care and Bowel Management  
Dignity, Choice and Privacy  
Falls Prevention  
Personal Support Services  
Skin and Wound Care**



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)

<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>

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**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 :**

1. The licensee has failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair specifically the windows in residents rooms.

Related to Log#005219-17

A complaint was submitted on March 6, 2017 to the Ministry of Health and Long-Term Care. The complainant indicated that home did not have a maintenance worker employed in the home to assist with the maintenance services. The complainant also indicated that the window in resident room #223 would not close properly. There was snow coming into the residents room so nursing staff placed a plastic bag over the window to stop the snow from coming into the room.

The Inspector was able to crank the window closed in room #223 but could not apply the locking latches (top and bottom) to draw the window tight. The bottom latch would engage, drawing the window tight but the top latch pushed the window out resulting in the latch causing the top of the window to push out (open) approximately 5cm, leaving a gap open to the outside. Light was visible through the crack and air could be felt coming through the opening.

Review of the maintenance log request notebook for unit 2 from October 2016 to May 23, 2017 failed to identify that a request was made for maintenance to look at the window in room #223 due to the window not closing properly.



During an interview May 19, 2017 RPN# 108 indicated that he/she was aware that there was a problem with the window in room #223. RPN indicated that it was reported that resident #004's family member requested a garbage bag and tape to cover the window to prevent a draft from entering the room. RPN#108 could not recall the exact date that he/she became aware but believed that it would have been in March 2017, recalling that the weather was colder. RPN#108 indicated that they were not approached by the family about the window and RPN#108 did not log the concern in the maintenance notebook. RPN#108 indicated that there are many windows in the home that have this issue, the windows that are on the first floor sometimes require staff to go outside and push the window closed from the outside before it will latch. This is not possible to do this with the windows on the second floor. RPN#108 indicated that this has been an ongoing issue in the home for a long time.

During an interview May 19, 2017 at 1300 hours the Environmental Services Supervisor ESS#113 indicated that he/she began working in the home March 20, 2017. ESS#113 indicated that the first time he/she became aware of the window in room #223 was when the family of resident #004 requested the screen for the window in April 2017. ESS#113 indicated that he discovered the "windows to repair" list in his/her office and gave it to the Administrator. ESS#113 indicated that currently there are 14 resident rooms on unit 2 and unit 3 (second floor) that require repair of some kind to the windows. In most cases the window does not latch at the top and then it will not pull closed completely. This causes a gap at the top of the window that would allow air in and possibly snow if it was snowing out. The gap is about 5cm. ESS#113 indicated that even if you do get the window to close then it is only fixed until someone opens the window again. ESS#113 indicated that in order to close these windows he has to use pliers to pull it closed or have someone push it closed from the outside, this is just a temporary fix until someone opens the window again.

A tour of the home was conducted to review the list of the identified resident rooms that require window repair;

**Unit 2:**

221 - window will open and close freely, latch does not engage at the top of the window causing a gap that allows airflow.

223 - window will open and close freely, latch does not engage at the top of the window causing a gap that allows airflow.



Unit 3:

325 - window will open and close freely, latch appears to close but there is a gap at the top of the window that allows airflow.

During an interview May 23, 2017 at 1150 the Administrator indicated that the former ESS left on February 24, 2017 and ESS#113 began work on March 20 2017. During the time from February 24 to March 20, 2017 the Administrator indicated that he/she was acting in the role of ESS and oversaw the department. This would include triaging the maintenance concerns and arranging for contracted services if required to complete repairs.

The Administrator indicated that he/she was aware that there was a problem with the window in room #223. The Administrator could not recall the exact date that he/she became aware, he/she was notified when the family member for resident #004 mentioned in passing that there was plastic on the window to stop the snow from coming in. The Administrator indicated that he/she did not go and look at the window to see what the concern was. The Administrator indicated that during the time that he/she was covering for the ESS vacancy, he/she did not contact an external service provider to address the concerns with the window in room #223.

The Administrator provided an email that was sent to an identified window repair company on May 19, 2017 requesting repair for the window in room #223. The email response indicated the identified window repair company would attend the home during the week of May 23 - 26, 2017 to address the window issue. The Administrator indicated that at this time there are no plans to repair the remaining windows that are listed on the "window repair list". [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 ensuring that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair specifically all of the windows that do not latch properly in resident rooms, to be implemented voluntarily.***



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**Issued on this 13th day of June, 2017**

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

**Original report signed by the inspector.**