



**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  
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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 18, 2014	2014_229213_0078	L-001481-14	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 WOODSTOCK NURSING HOME  
81 FYFE AVENUE WOODSTOCK ON N4S 8Y2

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

RHONDA KUKOLY (213), INA REYNOLDS (524), MELANIE NORTHEY (563)

**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): December 8, 9, 10, 11, 12, 16, 2014**

**A critical incident 007819-14 was completed concurrently within the Resident Quality Inspection (RQI).**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Assistant Director of Care (ADOC), the Resident Care Coordinator (RCC), a Registered Dietitian (RD), a Physiotherapist, the Food Services Manager (FSM), the Maintenance Supervisor, 2 Resident Assessment Instrument (RAI) Coordinators, a Ward Clerk, 4 Registered Nurses (RN), 3 Registered Practical Nurses (RPN), 14 Personal Support Workers (PSW), 1 Dietary Aide, 4 Family Members and 40+ Residents.**

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

**Accommodation Services - Laundry  
Accommodation Services - Maintenance  
Continence Care and Bowel Management  
Dignity, Choice and Privacy  
Dining Observation  
Family Council  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Residents' Council  
Responsive Behaviours  
Skin and Wound Care**



During the course of this inspection, Non-Compliances were issued.

10 WN(s)

5 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

#### NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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.

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**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:**

**8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. 2007, c. 8, s. 3 (1).**

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**

**11. Every resident has the right to,**

**i. participate fully in the development, implementation, review and revision of his or her plan of care,**

**ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,**

**iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and**

**iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that the following rights of Residents are fully respected and promoted, every Resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.

Medication administration observation on a particular date revealed Resident #44 received a particular treatment in the dining room. A Registered Staff Member confirmed this Resident was not asked if they preferred privacy in treatment. There were visitors assisting other Residents in the dining room observing the treatment for this Resident.

Staff interview with the DOC on December 12, 2014 confirmed that it is the home's expectation that these particular treatments are to be done privately and not in the dining room. [s. 3. (1) 8.]

2. The licensee failed to ensure that the following rights of Residents are fully respected and promoted, every Resident has the right to have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.

Medication administration observation on a particular date revealed the medication strip packages were discarded by a Registered Staff Member in general garbage. The strip packages contained Personal Health Information (PHI) including Resident names, medication names and dosages and were not altered in any way prior to disposal to protect the Residents' identity.

Interview with 2 Registered Staff Members on December 12, 2014 revealed they do not remove PHI from the medication strip package prior to disposal in general garbage receptacle at the side of the medication cart and then that garbage is taken to the dumpster without deliberate alteration to protect the Residents' PHI.

Record review of "The Medication Pass Policy 3-6" revealed "Empty strip pouches can be destroyed with water to remove information and placed into the garbage or shredded (PIPEDA)".

Staff interview with the DOC on December 12, 2014 confirmed that staff have not been directed to remove PHI from the medication strip packages before disposing in the general garbage. [s. 3. (1) 11. iv.]

***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's right to be afforded privacy in treatment and in caring for his or her personal needs is fully respected and promoted, 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. 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 good state of repair.**

Observations throughout the inspection revealed there are numerous rooms, bathrooms and hallways in the B unit of the home that have scrapes and gouges in the walls, cupboards, doors, door frames, floors, etc. There are chairs with scraped and gouged legs throughout the building and the Cedar View Lounge has ripped and peeling wallpaper and scrapes in the walls.

Interview with the Administrator and Maintenance Supervisor on December 16, 2014 confirmed these areas are in disrepair. [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, furnishings and equipment are maintained in a good state of repair, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails  
Specifically failed to comply with the following:**

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
  - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
  - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

**Findings/Faits saillants :**



1. The licensee failed to ensure that where bed rails are used, the Resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident.

Staff interview with the Resident Care Coordinator (RCC) on December 11, 2014 revealed bed assessments for risk of entrapment have been started but have not been completed.

Staff interview with the Maintenance Supervisor and Administrator on December 16, 2014 revealed there is no documentation of bed assessments for risk of entrapment completed. They confirmed that every Resident and their bed has not been assessed for risk of entrapment with steps taken to prevent entrapment and safety issues. [s. 15. (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 to ensure that where bed rails are used, the Resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**



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

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**  
**(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**  
**(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**  
**(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**  
**(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**  
**(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the Resident exhibiting altered skin integrity has been reassessed at least weekly by a member of the registered nursing staff.

Record review of the current care plan for Resident #52 revealed this resident has an area of altered skin integrity. Review of the treatment orders revealed a current order for a particular treatment related to the altered skin integrity.

Record review of Progress Notes and Assessments in Point Click Care for a 14 week period for this Resident revealed no skin assessments were documented.

Staff interview with a Registered Staff member on December 11, 2014 confirmed that there should be direction related to the schedule of assessment for altered skin integrity and that registered staff providing the treatment for this Resident should be completing a weekly skin assessment in the Progress Notes in Point Click Care. The Registered Staff Member confirmed that the schedule for assessment has not been identified and that assessment of this Resident's altered skin integrity has not been completed. [s. 50. (2) (b) (iv)]

2. Record review of the current care plan for another Resident #34 revealed this resident has an area of altered skin integrity.



Record review of Skin/Wound Notes for Resident #34 for a 22 week period revealed several weekly Skin/Wound Assessments missing from the Progress Notes. The WCS confirmed there were missing assessments for Resident #34 and confirmed it is the home's expectation to complete weekly Skin/Wound Assessments for any Resident exhibiting altered skin integrity. [s. 50. (2) (b) (iv)]

3. Record review of the current care plan for Resident #33 revealed this resident has an area of altered skin integrity.

Record review of Skin/Wound Notes for Resident #33 for a 17 week period revealed several weekly skin/wound assessments missing from the Progress Notes related to the altered skin integrity. The area of altered skin integrity was documented as healed on a particular date.

The WCS confirmed there was missing assessments for Resident #33 and the area of altered skin integrity remains unhealed.

Staff interview with the WCS on December 10, 2014 revealed the Skin & Wound Assessments are usually completed in the Wound Care Software - Pixalere, but it has been down since October 1, 2014 and skin assessments are now to be completed as a "Skin/Wound Note" weekly in the Progress Notes in Point Click Care. [s. 50. (2) (b) (iv)]

***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 Resident exhibiting altered skin integrity has been reassessed at least weekly by a member of the registered nursing staff, to be implemented voluntarily.***

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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. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that, (b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that as part of the organized program of maintenance services, there are schedules and procedures in place for routine, preventive and remedial maintenance.

Review of the Preventative Maintenance for Resident Rooms and Common Areas policy indicates audits of Resident rooms and common areas are to be completed quarterly.

Interview with the Administrator and Maintenance Supervisor revealed there is no documentation of schedules and procedures in place for routine preventative and remedial maintenance for walls, floors, doors, bathrooms, fixtures, etc. and that audits of all resident rooms and common areas has not been completed. [s. 90. (1) (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 to ensure that as part of the organized program of maintenance services, has the licensee ensured that, there are schedules and procedures in place for routine, preventive and remedial maintenance, to be implemented voluntarily.***

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**WN #6: 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).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that there is a written plan of care for each Resident that sets out the nutritional goals the care is intended to achieve.

Record review of current care plan for Resident #26 revealed a nutritional goal, "to maintain adequate Nutrition & Hydration through review date". Record review of the most recent Quarterly Minimum Data Set (MDS) Assessment for Resident #26 revealed a nutritional risk and a Nutritional Resident Assessment Protocol (RAP) goal was to achieve weight within a healthy weight range.

Record review of the current care plan for Resident #38 revealed a nutritional goal, "to maintain adequate Nutrition & Hydration through review date." Record review of the most recent Quarterly MDS Assessment for Resident #38 revealed a nutritional risk and a Nutritional RAP goal stated, "Nutritional Status will be care planned with the intent of increasing weight to be within a healthy weight range."

Staff interview with a Registered Dietitian on December 11, 2014 confirmed any Resident with a low BMI should have goals with measurable outcomes related to goal weight in kg and confirmed there are no goals the care is intended to achieve related to low BMI for Resident #26 or #38. [s. 6. (1) (b)]

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**WN #7: 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 is available in every area accessible by Residents.

Observations on December 9, 2014 revealed there is no call bell in the dining room on B unit.

A Registered Nurse, Registered Practical Nurse and the Administrator on December 9, 2014 confirmed that there was no call bell in the dining room on B unit and that the Staff, Residents or Visitors would have to yell for help if there was an emergency. [s. 17. (1) (e)]

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**WN #8: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 33. PASDs that limit or inhibit movement**

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

**s. 33. (4) The use of a PASD under subsection (3) to assist a resident with a routine activity of living may be included in a resident's plan of care only if all of the following are satisfied:**

- 1. Alternatives to the use of a PASD have been considered, and tried where appropriate, but would not be, or have not been, effective to assist the resident with the routine activity of living. 2007, c. 8, s. 33 (4).**
- 2. The use of the PASD is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable PASDs that would be effective to assist the resident with the routine activity of living. 2007, c. 8, s. 33 (4).**
- 3. The use of the PASD has been approved by,**
  - i. a physician,**
  - ii. a registered nurse,**
  - iii. a registered practical nurse,**
  - iv. a member of the College of Occupational Therapists of Ontario,**
  - v. a member of the College of Physiotherapists of Ontario, or**
  - vi. any other person provided for in the regulations. 2007, c. 8, s. 33 (4).**
- 4. The use of the PASD has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent. 2007, c. 8, s. 33 (4).**
- 5. The plan of care provides for everything required under subsection (5). 2007, c. 8, s. 33 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the use of the Personal Assistive Services Device (PASD) has been consented to by the Resident or, if the Resident is incapable, a Substitute Decision-Maker (SDM) of the Resident with authority to give that consent.

Record review of the current care plan and Side Rail Use Assessment Form for Resident #28 revealed this resident uses 2 full bed rails as a PASD as requested by this Resident.

Staff interview with the DOC on December 12, 2014 confirmed it is the home's expectation that all PASDs which limit movement where the Resident is not physically able to remove the PASD requires Resident/SDM consent for the use of the PASD in the Resident's clinical record. The DOC confirmed Resident #28 uses 2 full side rails as indicated in the care plan and there is no consent for the use of the 2 full side rails.

Record review of the "Personal Assistive Services Devices (PASD)" Policy on December 16, 2014 revealed "The Resident must consent to the PASD. If the Resident is incapable, then the authorized SDM shall give consent. Consent shall be noted in the plan of care." [s. 33. (4) 4.]

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**WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 41. Every licensee of a long-term care home shall ensure that each resident of the home has his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep. O. Reg. 79/10, s. 41.**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that each Resident of the home has his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep.

Interview with Resident #3, #7 and #10 revealed that the Residents are woken up earlier than their desired waking time and they would like to sleep in later in the morning. These 3 Residents shared that they are woken up earlier than they would prefer in the morning.

Clinical record review of the most current care plans in Point of Care referenced the Residents' preference for sleep time in the evening under the "Dressing" focus, however, there is no direction as to the Residents' wake time or rest routines.

Interview with the Registered staff and a PSW confirmed that these Residents were routinely woken up early and the care plans do not address the sleep patterns of these Residents and their individualized preferences to promote comfort, rest and sleep. [s. 41.]

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**WN #10: 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 has failed to ensure that drugs are stored in a medication cart that is secure and locked.

Medication administration observation on first floor on a particular date revealed a Registered Staff Member left the medication cart unattended during multiple Resident medication administrations, leaving it outside the dining room doors in the hall. The Registered Staff Member's back was to the cart and out of sight and she left for several minutes while administering medications on the other side of the dining room.

The DOC and the Registered Staff Member confirmed it is the home's expectation not to leave medications available on top of the medication cart and to lock the medication cart when unattended. [s. 129. (1) (a)]

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**Issued on this 18th day of December, 2014**

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

**Original report signed by the inspector.**