



**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**

**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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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 16, 2017	2017_508137_0008	008598-17	Complaint

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

MARIAN MACDONALD (137), KARIN MUSSART (145)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): May 1 - 5 and 8 - 12, 2017

The following Follow Up to Compliance Order (CO) Inspections were also conducted during this Complaint Inspection:

Log # 004743-17

CO # 001 related to wound assessments

CO # 002 related to individualized care

CO # 003 related to investigate, respond and act

CO # 004 related to plan of care



Log # 006363-17

CO # 001 related to electric wheelchair assessments

Log # 006365-17

CO # 002 related to reporting suspected abuse to the Director

The following Critical Incident System (CIS) Inspections were also conducted during this Complaint Inspection:

Improper/Incompetent Treatment/Care

CIS 2636-000011-17 / Log # 003266-17

CIS 2636-000012-17 / Log # 003331-17

CIS 2636-000022-17 / Log # 006220-17

Staff to Resident Abuse

CIS 2636-000010-17 / Log # 002943-17

CIS 2636-000020-17 / Log # 005232-17

Staff to Resident Neglect

CIS 2636-000027-17 / Log #007872-17

CIS 2626-000029-17 / Log # 008435-17

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Nursing, Regional Manager, Environmental Manager, Vice-President of Operations, Staff Scheduling Clerk, Administrative Assistant, Ward Clerk, Registered Nurse, five Personal Support Workers (PSW) and family members.

The Inspectors also observed meal service, resident care provision, toured resident rooms, reviewed maintenance logs, staffing schedules, payroll records, complaint log, meeting minutes and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Dining Observation

Reporting and Complaints

Safe and Secure Home

Sufficient Staffing

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

2 WN(s)

1 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
<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 O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,

(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).

(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).

(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).

(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).

(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

Findings/Faits saillants :

The licensee has failed to ensure that a documented record was kept in the home that included:

- (a) the nature of each verbal or written complaint
- (b) the date the complaint was received
- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required
- (d) the final resolution, if any
- (e) every date on which any response was provided to the complainant and a description of the response, and
- (f) any response made by the complainant.

An Info line complaint was received by the Ministry of Health and Long Term Care (MOHLTC), which identified environmental and care provision concerns.

During an interview, the complainant told Inspectors that they spoke to management numerous times about numerous problems.

There was no documented evidence that a record of the complaints was kept in the home, as well as any responses to the complainant.

During an interview, Administrator said concerns were verbally received from the complainant but had not been documented.

The licensee has failed to ensure that a documented record of the complaints was kept in the home, as well as any responses to the complainant.

This area of non-compliance was previously issued as a written notification and a compliance order on October 21, 2015, under Inspection # 2015_277538_0031 and Log # 025756-15, as well as a written notification and a voluntary plan of correction on November 23, 2015, under Inspection # 2015_416515_0032 and Log # 027596-15.

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 a documented record of the complaints are kept in the home, as well as any responses to the complainant, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services

Specifically failed to comply with the following:

s. 31. (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) 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. 31 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure there was a written record of each annual evaluation of the staffing plan, including 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.

The Administrator was unable to locate the evaluation of the staffing plan done in 2016. There was no documented evidence that the staffing plan was evaluated in 2016.

During an interview, the Vice-President of Operations said the staffing plan had not been evaluated in 2016.

The scope of this area of non-compliance was deemed to be a level one, minimal harm, the severity was one, isolated and the compliance history was two, previously unrelated areas of non-compliance. [s. 31. (4)]



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Issued on this 19th day of July, 2017

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

Original report signed by the inspector.