



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
July 22, 2011	2011-159120-025	L-001125-11 Complaint

Licensee/Titulaire

Caressant Care Nursing And Retirement Homes Limited, 264 Norwich Avenue, Woodstock, Ontario N4S 3V9

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

Caressant Care Courtland, County Rd.59, P.O. Box 279, Courtland, ON N0J 1E0

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

Bernadette Susnik, Environmental Health #120

Inspection Summary/Sommaire d'inspection

The purpose of this visit was to conduct a complaint inspection related to the prevention and management of heat-related illness during hot weather and adequate incontinent supplies.

During the course of the inspection, the inspector spoke with the Director of Nursing, Charge Nurse, nursing staff and maintenance manager.

During the course of the inspection, the inspector conducted a walk-through of the home, took air temperature and humidity readings, reviewed resident clinical records, employee training attendance records and the home's policies and procedures.

The following Inspection Protocol was used during this inspection:

- *Safe and Secure Home*

Findings of Non-Compliance were found during this inspection. The following action was taken:

3 WN

1 VPC

1 CO - #001

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: *The licensee has failed to comply with O. Reg. 79/10, s.20.(1). Every licensee of a long-term care home shall ensure that a written hot weather related illness prevention and management plan for the home that meets the needs of the residents is developed in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices and is implemented when required to address the adverse effects on residents related to heat*

Findings:

The home's policy and procedure titled "Hot Weather Plan – Residents" with an effective date of July 2007 was found posted at the nurse's station. The policies have not been updated to include prevailing practices. The Ministry of Health and Long term care released a document in 2006 titled "Guidelines for the Prevention and Management of Hot Weather Related Illness in Long Term Care Homes". This document describes the necessary interventions necessary to manage heat stress in residents and how to manage the building environment during extreme heat episodes.

The policy directs staff to "open doors and windows" without first addressing how the Humidex values of outdoor air would impact the interior of the home. It directs staff to shut off lights in lounges and alternate lights in corridors, which is not permitted for health and safety reasons as well as to ensure compliance with lighting requirements of O. Reg. 79, s. 18. The policy does not offer any information to staff as to when to place residents in cooled or air conditioned common spaces. According to a staff member, residents typically are left to sit in their rooms and in halls while the cooled spaces remain empty because of a verbal direction that they can't leave residents unsupervised.

During the inspection, air and humidity temperatures were not being recorded in general resident accessible areas (values were being recorded in tub rooms, kitchen laundry only), thermometers and hygrometers were found to be inaccurate and half the corridor lights were found to be off.

Interventions to reduce heat in the building environment were not effective, despite the home's efforts to reduce the use of ovens and dishwashers in the kitchen. The air temperatures and humidity levels were measured throughout the building and found to be 30-33C with humidity levels between 44-50%. The outdoor values for air temperature were 32.9-33.3C and 39% for humidity (as per Environment Canada's Hourly Report). These values equal a Humidex of 36-42 and in the uncomfortable and great discomfort range for residents.

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 in respect to ensuring that the written hot weather related illness prevention and management plan for the home meets the needs of the residents and is developed in accordance with prevailing practices and is implemented when required to address the adverse effects on residents related to heat.

WN #2: The licensee has failed to comply with O. Reg. 79/10, s. 73(1)9. Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

Findings:

The staff of the home, in response to the extreme heat, decided to curtail the use of their dishwasher (even though it is a low temperature dishwasher with functioning overhead exhaust) and reverted to using paper plates, plastic cutlery and paper/Styrofoam cups for resident meals and beverages over the course of several days. This decision did not take into consideration resident specific dietary needs with respect to eating aids or assistive devices in order for residents to be able to eat and drink as comfortably and independently as possible. A staff member reported that residents spilled their drinks onto themselves because the cups were difficult to hold and other residents were not able to properly cut their food with the plastic knives. The use of paper plates and cups and plastic cutlery are for emergency use and not for situations when a dishwasher is operational.

WN #3: The licensee has failed to comply with O. Reg. 79/10, s. 9.1.I,II. Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home must be,
 - i. kept closed and locked,
 - ii. equipped with a door access control system that is kept on at all times

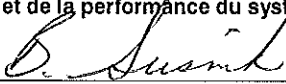
Findings:

Multiple perimeter doors in the home leading directly to unenclosed outdoor areas are not equipped with a door access control system that functions to "lock" the doors (that would release during fire alarm) to prevent unauthorized resident egress. Doors were identified to be equipped with alarms only.

Additional Required Actions:

CO - #001 – Please refer to the "Order of Inspector" form for further details.

Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.



Date of Report: (if different from date(s) of inspection).

Aug. 18/11



Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Inspector:	Bernadette Susnik	Inspector ID # 120
Log #:	L-001125-11	
Inspection Report #:	2011-159120-0025	
Type of Inspection:	Complaint	
Date of Inspection:	July 22, 2011	
Licensee:	Caressant Care Nursing And Retirement Homes Limited, 264 Norwich Avenue, Woodstock, Ontario N4S	
LTC Home:	3V9Caressant Care Courtland, County Rd.59, P.O. Box 279, Courtland, ON N0J 1E0	
Name of Administrator:	Michelle Hough	

To **Caressant Care Nursing and Retirement Homes Limited**, you are hereby required to comply with the following order by the dates set out below:

Order #	001	Order Type	Compliance Order, Section 153 (1)(a)
Pursuant to: Ontario Regulation 79/10, s. 9.1.i.,ii.,iii. A. & B. Every licensee of a long-term care home shall ensure that the following rules are complied with: 1.All doors leading to stairways and the outside of the home must be, i. kept closed and locked, ii. equipped with a door access control system that is on at all times			
Order: The licensee shall: 1. All doors leading to the outside of the home (to unenclosed outdoor areas) must be equipped with a door access control system which is also connected to the resident-staff communication and response system (nurse call system). The door access control system must comply with all applicable municipal codes such as building and fire codes. 2. Prepare and submit a plan to the Inspector by September 19, 2011 which identifies and addresses the safety risks posed by the unlocked doors and include in the plan proposed timelines by which the identified risks will be addressed: and			



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- i. identified risks are prioritized so that residents at highest risk are to be addressed as first priority; and
- ii. all areas of risk (with the exception of the installation of the door access control systems) shall be addressed within 30 days of the date of this Order.

Grounds:

Multiple perimeter doors in the home leading directly to unenclosed outdoor areas are not equipped with a door access control system that functions to "lock" the doors (that would release during fire alarm) to prevent unauthorized resident egress. Doors were identified to be equipped with alarms only.

The Order must be complied with by:

December 30, 2011

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2 Fax: 416-327-7603

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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 18th day of August, 2011.	
Signature of Inspector:	<i>B. Susnik</i>
Name of Inspector:	Bernadette Susnik
Service Area Office:	Hamilton