

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

Rapport d'inspection prévue  
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 # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 18, 2019	2019_605213_0032	020685-19	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 Courtland  
4850 Hwy #59 P.O. Box 279 Courtland ON N0J 1E0

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

RHONDA KUKOLY (213)

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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): October 31 and November 1, 2019**

**This inspection was related to a complaint regarding the supply incontinent products.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, a Registered Nurse, Personal Support Workers and residents.**

**The Inspector also made observations and reviewed health records, invoices, processes, internal communications and other relevant documentation.**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management**

**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)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<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>Légende</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. 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 has failed to ensure that the plan of care set out clear directions to staff and others who provided direct care to a resident related to continence products.

A complaint was received by the Ministry of Long-Term Care related to a lack of incontinence supplies.

A record review was completed for a resident and showed:

- The resident's current care plan indicated the resident was incontinent, required incontinent products, was not toileted and specified a type and size.
- The resident's "Caressant Care Assessment of Resident Continence Status" indicated the resident was to be toileted and specified a different type and size of product than the care plan indicated.
- The "Resident Profile Worksheet" in the incontinent product supply room and on the incontinent product daily supply cart indicated the resident was to be toileted and specified a different size and type of product than both the care plan and the Assessment indicated.

Observations showed that there were a number of a specified type and size of incontinent products in the resident's closet on each of the observations. During one observation, there was no sign in the resident's closet indicating the type or size of incontinent product the resident was to use. After this was pointed out to staff, on a subsequent observation there was a sign in the resident's closet indicating the type and size of incontinent product the resident was to use on each shift.

A registered nursing staff member said that the resident was supposed to use a specified type and size of incontinent product, as other types and sizes were not appropriate for the resident. The staff member said that they have not always had the right product available over the last few months. The staff member said that registered staff go by the Resident Profile Worksheet to stock the daily supply cart-for the PSW staff to distribute the daily supply of products to residents' rooms on nights. The staff member said that there were supposed to be signs in the residents' closets for staff to know what product to put in the resident's closet when distributing daily supply and what to use for the resident on each shift. The staff member said that there was no sign in the resident's closet indicating the type or size of product to use for the resident that day.

In separate interviews, two Personal Support Workers (PSW) both said that the resident

was supposed to use a specific type and size of incontinent product as other types and sizes were not appropriate for them. The PSWs said that they have not always had the right product available over the last few months, they said that they were not there the week prior and all of the sudden that week, they were there. The PSWs said that staff go by the Resident Profile Worksheet to distribute the daily supply of products to rooms on nights with the daily supply cart that the registered staff stock. The PSWs said that when they didn't have the right product for the resident, they had to use a different product but they didn't have a lot of residents who used those products, so they were borrowing from another resident's supply, which results in that resident not having enough product and then they had to use a different product for those residents. The PSWs said that when they had to use the wrong product for the resident, it sometimes caused skin breakdown. The resident didn't have skin breakdown at that time. The PSWs said that there were signs in the residents' closets for staff to know what product to put in the residents' closet when distributing daily supply and what to use for the resident on each shift. The PSWs said that the resident was not toileted, they were checked regularly, their product changed, and care provided when necessary. The PSW and the Inspector reviewed the kardex for resident and they agreed that the direction related to the product type and size identified was not correct.

The Director of Care (DOC) and the Inspector reviewed the plan of care, the Continence Assessment, the Resident Profile Worksheet and the closet for the resident. The DOC said that the Continence Assessment, the Resident Profile Worksheet and the care plan were all not correct. The DOC said that the information was conflicting. The DOC also said that there had been issues with ordering and receiving the right product for the resident and that the order sheets did not match the resident profile worksheet.

The licensee has failed to ensure that the plan of care set out clear directions to staff and others who provided direct care to resident related to continence products. [s. 6. (1) (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 plan of care sets out clear directions to staff and others who provide direct care to residents related to continence products, to be implemented voluntarily.***

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**Issued on this 19th day of November, 2019**

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

**Original report signed by the inspector.**