

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 prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division Performance Improvement and Compliance Branch

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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Feb 14, Mar 13, 15, 2012	2012_024137_0010	Complaint
Licensee/Titulaire de permis		100
CARESSANT-CARE NURSING AND 264 NORWICH AVENUE, WOODSTO Long-Term Care Home/Foyer de so	OCK, ON, N4S-3V9	
CARESSANT CARE COURTLAND 4850 Hwy #59, P.O. Box 279, Courtla	nd, ON, N0J-1E0	
Name of Inspector(s)/Nom de l'insp	ecteur ou des inspecteurs	
MARIAN MACDONALD (137)		
lı.	nspection Summary/Résumé de l'inspe	ection

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

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

During the course of the inspection, the inspector(s) toured the home and storage areas, observed for availability of continence care products, reviewed resident profile worksheets and a copy of the home's continence care product order form.

L-000202-12

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

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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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 – Alguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
LTCHA includes the requirements contained in the items listed in	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.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management Specifically failed to comply with the following subsections:

s. 51. (2) Every licensee of a long-term care home shall ensure that,

- (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;
- (b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;
- (c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;
- (d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;
- (e) continence care products are not used as an alternative to providing assistance to a person to toilet;
- (f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;
- (g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and
- (h) residents are provided with a range of continence care products that,
- (i) are based on their individual assessed needs.
- (ii) properly fit the residents,
- (iii) promote resident comfort, ease of use, dignity and good skin integrity,
- (iv) promote continued independence wherever possible, and
- (v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants:



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1. Twenty one residents are provided liners only, at night. The Director of Care confirmed that liners are used at night for residents who are unable to move independently.

Staff interviewed shared that the liners are not adequate to keep residents dry and comfortable.

[O. Reg. 79/10, s.51(2)(h)(v)]

2. During a tour of the home, the availability of continence care products was minimal, such as the North care cart had 4 blue liners, the South care cart had no continence care products and the Chemical Room (Emergency Supply) had one case of blue disposable incontinent pads and one box of pull-ups. Only one resident wears pull-ups. There were no briefs in the Chemical Room.

Interviews were conducted with six staff members and all shared that the home regularly runs out of continence care products. Each resident is allowed only 3 products. Few products are kept in the linen storage rooms and are not always products that the resident uses.

When no briefs are available, staff have had to use liners instead. If no liners and briefs are available, staff had to search to find products which resulted in using day light pads only.

REVIEW OF RESIDENT PROFILE WORKSHEETS

Medium Briefs = 30 briefs per 24 hours

30 X 7 days = 210 briefs

DOC ordered 3 cases @ 72 briefs per case = 216 briefs

This leaves a surplus of 6 briefs per week provided no more than 30 are needed in 24 hours and there is no outbreak.

L/XL Briefs = 18 per 24 hours

18 X 7 days = 126 briefs

DOC ordered 2 cases @ 72 briefs per case = 144

This leaves a surplus of 18 briefs per week provided no more than 18 are needed in 24 hours and there is no outbreak. [O. Reg. 79/10, s.51(2)(f)]

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 there is a range of continence care products available and accessible to residents and staff at all times, in sufficient quantities for all required changes and that are appropriate for the time of day, to be implemented voluntarily.

Issued on this 15th day of March, 2012

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

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