Ontario

Ministry of Health and Long-Term Care

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

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

London Service Area Office
291 King Street, 4th Floor
LONDON, ON, N6B-1R8
Telephone: (519) 675-7680
Facsimile: (519) 675-7685

Bureau régional de services de London
291, rue King, 4iém étage
LONDON, ON, N6B-1R8
Téléphone: (519) 675-7680
Télécopieur: (519) 675-7685

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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
May 22, 23, 24, 30, 2012	2012_069170_0015	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 COURTLAND
4850 Hwy #59, P.O. Box 279, Courtland, ON, N0J-1E0

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

DIANNE WILBEE (170)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing, Regional Director, Registered staff, Personal Support Workers, RAI Coordinator, Residents and Maintenance personnel.

During the course of the inspection, the inspector(s) reviewed residents' records, reviewed bath schedule, reviewed applicable policy and procedure related to Job Routines, observed residents, observed Point of Care documentation process and toured various areas of the home.

Inspection related to Log # L-000482-12

The following Inspection Protocols were used during this inspection:

Dignity, Choice and Privacy

Findings of Non-Compliance were found during this inspection.

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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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 LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. May 22, 2012 an unattended and open shelved maintenance cart containing potentially harmful items and substances such as multiple pieces of equipment including an exacto knife, carpenter's glue and lubricating oil was observed in a hallway outside a tub room while the maintenance staff was in the tub room repairing an area of the room resulting in the cart being out of view. The staff member identified this was usual practice and had not been a problem in the past and that occasionally a curtain would be pulled across the area. Residents' rooms were noted to be in close proximity to this area.

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 potentially harmful items and substances are maintained in a safe and secure manner when accessible to residents, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care

Specifically failed to comply with the following subsections:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
1. Customary routines.
2. Cognition ability.
3. Communication abilities, including hearing and language.
4. Vision.
5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.
6. Psychological well-being.
7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.
8. Continence, including bladder and bowel elimination.
9. Disease diagnosis.
10. Health conditions, including allergies, pain, risk of falls and other special needs.
11. Seasonal risk relating to hot weather.
12. Dental and oral status, including oral hygiene.
13. Nutritional status, including height, weight and any risks relating to nutrition care.
14. Hydration status and any risks relating to hydration.
15. Skin condition, including altered skin integrity and foot conditions.
16. Activity patterns and pursuits.
17. Drugs and treatments.
18. Special treatments and interventions.
19. Safety risks.
20. Nausea and vomiting.
21. Sleep patterns and preferences.
22. Cultural, spiritual and religious preferences and age-related needs and preferences.
23. Potential for discharge. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. The plan of care for three residents who have cognitive impairment was not based on an interdisciplinary assessment with respect to the residents' sleep patterns and preferences as follows:
1. May 3, 2012 a note from the Director of Nursing, to night staff, directed staff to "follow routines and have the three residents, that are specified, washed and dressed for the day staff...only if they are awake and asking to be washed...". Documentation on the residents' records did not indicate interdisciplinary assessment and discussion with each resident's POA to determine preferences.
2. All of the identified residents were stated by staff to be unable to make a request for personal hygiene care and dressing and were determined to be unable to be interviewed due to cognitive impairment.
3. Staff indicated when personal hygiene care for the three residents was being provided it occurred during the last night rounds, which commences at approximately 0400 hours. The three residents were stated to require wakening by night staff.
4. One of the residents was washed and dressed, by the night shift, the day of the inspection. Documentation did not indicate the resident had been awake and requesting care.
[Reference: O.Reg. 79/10, s.26(3)21]

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 the plan of care is based on an interdisciplinary assessment with respect to the residents' sleep patterns and preferences including discussion with the POA of a cognitively impaired resident, to be implemented voluntarily.

Issued on this 30th day of May, 2012

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

Dianne Kilbee #170