

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
Division de la responsabilisation et de la

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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 |
|---|-----------------------------------|---------------------------------------|
| Jan 5, 20, 2012 | 2012_072120_0003 | Complaint |
| Liconsco/Titulairo do normis | | |

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

BERNADETTE SUSNIK (120)

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 administrator, associate director of nursing, registered and non-registered staff and residents regarding the prevention and management of heat-related illness during hot weather.(L-001122-11)

During the course of the inspection, the inspector(s) 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.

Note: This report is a copy of the original inspection report #2011-159120-0024 dated July 22, 2011. Problems with IQS at the time of the inspection were encountered and data could not be entered. Please refer to the original report saved in the Y drive under the home name and log #L-001122-11.

The following Inspection Protocols were used during this inspection:

Safe and Secure Home

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 – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités |
| Homes Act, 2007 (LTCHA) was found. (A requirement under the 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 LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights



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Specifically failed to comply with the following subsections:

- s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
- 1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
- 2. Every resident has the right to be protected from abuse.
- 3. Every resident has the right not to be neglected by the licensee or staff.
- 4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
- 5. Every resident has the right to live in a safe and clean environment.
- 6. Every resident has the right to exercise the rights of a citizen.
- 7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
- 8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
- 9. Every resident has the right to have his or her participation in decision-making respected.
- 10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
- 11. Every resident has the right to,
- i. participate fully in the development, implementation, review and revision of his or her plan of care,
- ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
- iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
- iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
- 12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
- 13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
- 14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
- 15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per
- 16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
- 17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else.
- i. the Residents' Council,
- ii. the Family Council,
- iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
- iv. staff members.
- v. government officials,
- vi. any other person inside or outside the long-term care home.
- 18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
- 19. Every resident has the right to have his or her lifestyle and choices respected.
- 20. Every resident has the right to participate in the Residents' Council.
- 21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.



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- 22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.
- 23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.
- 24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.
- 25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.
- 26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.
- 27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits saillants:

1. [LTCHA 2007, S.O., 2007, c.8, s.3(1)11.iv] Identified on sheets of paper, posted on the wall at each nurse's station were residents' names with their heat risk diagnosis. This information is considered personal health information within the meaning of the Personal Health Information Protection Act, 2004 and must be kept confidential in accordance with the Health Information Protection Act, 2004.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 20. Cooling requirements Specifically failed to comply with the following subsections:

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. O. Reg. 79/10, s. 20 (1).

Findings/Faits saillants:



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1. The home's policy and procedure NA111.35, titled "Hot Weather Plan – Residents" with an effective date of July 2007, was not written in accordance with 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.

Policy NA111.35 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. Only 1 high risk resident was noted to be sitting in the cooled dining room on the lower floor during the inspection. Residents on the upper level appeared to be managing well, however the residents in the lower level were heard to be complaining of the heat.

During the inspection, windows were open in many resident rooms, thermometers and hygrometers were found to be inaccurate, blinds were missing from windows in both the 1st and 2nd floor corridors (direct sun exposure), and only 9 staff received an in-service with respect to interventions prior to the summer season.

Interventions to reduce heat in the building environment were not effective. The air temperatures and humidity levels were measured throughout the building (both levels) and found to be between 28-30C with humidity levels between 43-47%. These values were very much similar to outdoor values which were 28-30.7C and 47-53% (as per Environment Canada's Hourly Report). These values equal a Humidex of 33-36 and in the uncomfortable range for residents and other occupants. Both floors had a corridor area filled with windows which were noted to be missing blinds to keep the heat out. The air temperature in this area was well above 30C and was contributing to the overall increase in indoor air temperature. Open windows contributed to increasing humidity and heat levels in the home, thereby negating the effect of the tempered air handling system which was operational at the time for the upper level.

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 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, to be implemented voluntarily.

Issued on this 20th day of January, 2012

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