Ontario

**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 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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| Report Date(s) / Date(s) du apport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|---|---|---|---|
| Feb 23, 24, 2017 | 2016_538144_0078 | 028686-16 | 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 FERGUS NURSING HOME
450 QUEEN STREET EAST FERGUS ON N1M 2Y7

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

CAROLEE MILLINER (144)

## Inspection Summary/Résumé de l'inspection

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

**This inspection was conducted on the following date(s): October 25, 26, 27, 28, 2016.**

**Report IL-46685-LO was reviewed.**
**This complaint inspection was related to alleged neglect, dealing with complaints, responsive behaviours, the plan of care, weight changes and bathing.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Acting Director of Nursing (ADON), Registered Dietitian (RD), Food Nutrition Manager (FNM), three Registered Practical Nurses (RPN's), eight Personal Support Workers (PSW's), one Nurse Aide (NA), the Activity Coordinator and one Food Service Worker (FSW).**

**During the course of the inspection, one resident was observed and one resident clinical record and home policy related to monthly weights reviewed.**

**The following Inspection Protocols were used during this inspection:**
**Accommodation Services - Housekeeping**
**Medication**
**Nutrition and Hydration**
**Personal Support Services**
**Responsive Behaviours**

**During the course of this inspection, Non-Compliances were issued.**
- **4 WN(s)**
- **4 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES | |
|---|---|
| Legend<br><br>WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order | Legendé<br><br>WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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).<br><br>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.<br><br>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. 6. Plan of care**

**Specifically failed to comply with the following:**

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

The dietary profile for one resident stated that the resident received a specific beverage with their meals. This was acknowledged by the RD.

The resident's plan of care included that the resident received the specific beverage with their meals.

The Inspector observed that the resident did not receive the beverage on one identified date with one meal. This was acknowledged by one RPN.

The RD acknowledged that the resident was supposed to receive the beverage with their meals and that the resident's nutritional plan of care was not followed during one meal on one identified date.

The severity of this issue was determined to be a level 2 as there was minimal harm or potential for actual harm. The scope of this issue was isolated throughout this inspection. There was no history of related non-compliance with this sub section of the legislation. [s. 6. (7)]

***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 care set out in the plan of care was provided to the resident as specified in the plan, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system, put in place was complied with.

The home's Monthly Weights Policy, reviewed November 2015 and September 2016, included direction for weight variances as follows:
"Any weight change up or down of 2.5 kg must be reweighed and entered into Point Click Care. Old weight is struck out and new weight is recorded. All weight exceptions must be cleared by the end of the month by the Registered Dietitian.

One resident was identified as being at nutritional risk. This was acknowledged by the RD.

The resident's clinical record stated weight discrepancies during a specific period of time. The clinical record did not include documentation that the resident was reweighed during the period of weight discrepancies. This was acknowledged by RD.

The RD further acknowledged that nursing staff did not follow the home's weight policy and that the resident should have been reweighed when the weight discrepancies occurred.

The severity of this issue was determined to be a level 2 as there was minimal harm or potential for actual harm. The scope of this issue was isolated throughout this inspection. There was a compliance history of this regulation being issued in the home on June 15, 2016, as a Voluntary Plan of Correction (VPC) with the Resident Quality Inspection and on November 14, 2014, as a Written Notification (WN). [s. 8. (1) (b)]

***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 any plan, policy, protocol, procedure, strategy or system, put in place was complied with, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs**

**Specifically failed to comply with the following:**

**s. 129. (1) Every licensee of a long-term care home shall ensure that,**
**(a) drugs are stored in an area or a medication cart,**
**(i) that is used exclusively for drugs and drug-related supplies,**
**(ii) that is secure and locked,**
**(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
**(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).**
**(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that drugs were stored in an area or medication cart, that was used exclusively for drugs and drug-related supplies and that was secured and locked.

On one identified date during a tour of one resident home area, physician prescribed treatment creams were observed at the bed side of two identified residents.

One RPN acknowledged that the prescribed treatment creams had not been used during their shift on this date and that prescription medications are returned to either the medication or treatment cart after administration by the nurse and not left at a resident's bed side.

The ADON acknowledged that the prescription creams should have been stored in the treatment cart and not left at the bed side of the identified residents.

The severity of this issue was determined to be a level 2 as there was minimal harm or potential for actual harm. The scope of this issue was isolated throughout this inspection. There was a compliance history of this regulation being issued in the home on June 15, 2016, as a Voluntary Plan of Correction (VPC) with the Resident Quality Inspection and on August 18, 2015, as a Written Notification (WN) with the Resident Quality Inspection. [s. 129. (1) (a)]

***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 drugs are stored in an area or medication cart, that is used exclusively for drugs and drug-related supplies and that is secured and locked, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 231. Resident records**
**Every licensee of a long-term care home shall ensure that,**
**(a) a written record is created and maintained for each resident of the home; and**
**(b) the resident's written record is kept up to date at all times. O. Reg. 79/10, s. 231.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the resident's written record was kept up to date at all times.

One resident's clinical record stated that the resident exhibited responsive behaviours.

The resident's plan of care included the frequency with which a specific type of care would be offered. The resident was offered the specified care according to the plan of care and exhibited responsive behaviours in response to some and not all offers of care. The resident's behaviour responses were not documented in the clinical record on identified dates.

Seven PSW's acknowledged the resident was offered the specified care according to their plan of care and that when the resident exhibited responsive behaviours toward the specified care, the behaviour was reported to the Charge Nurse who was responsible for documenting the behaviours in the resident's progress note.
One RN and three RPN's acknowledged the information provided by the above identified PSW's.

The ADON acknowledged the process described to the Inspector by the above identified nursing staff and further stated that the behaviours exhibited by the resident should have been included in the resident's daily progress notes on the date of each behaviour and that the resident's acceptance of care should also be documented in the clinical record.

The severity of this issue was determined to be a level 2 as there was minimal harm or potential for actual harm. The scope of this issue was isolated throughout this inspection. There was no history of non-compliance with this regulation. [s. 231. (b)]

***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 resident's written record is kept up to date at all times, to be implemented voluntarily.***

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**Issued on this 24th day of February, 2017**

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

**Original report signed by the inspector.**