



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

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

Ottawa Service Area Office
 347 Preston St, 4th Floor
 OTTAWA, ON, K1S-3J4
 Telephone: (613) 569-5602
 Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
 347, rue Preston, 4^{ème} étage
 OTTAWA, ON, K1S-3J4
 Téléphone: (613) 569-5602
 Télécopieur: (613) 569-9670

Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Jul 20, 21, 2011	2011_054133_0007	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 BOURGET
 2279 Laval Street, P.O. Box 99, Bourget, ON, K0A-1E0

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

JESSICA LAPENSEE (133)

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 acting Administrator, the Director of Care, the Administrative Assistant, a Registered Nurse, four (4) Personal Support Workers, a housekeeping services staff member and a resident.

During the course of the inspection, the inspector(s) conducted a walk-through of all resident home areas and various common areas, observed residents, observed staff practices, reviewed the health care record of residents and reviewed documentation related to the Infection Prevention and Control Program.

The following Inspection Protocols were used in part or in whole during this inspection:

Infection Prevention and Control

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Definitions

WN – Written Notification
 VPC – Voluntary Plan of Correction
 DR – Director Referral
 CO – Compliance Order
 WAO – Work and Activity Order

Définitions

WN – Avis écrit
 VPC – Plan de redressement volontaire
 DR – Aiguillage au directeur
 CO – Ordre de conformité
 WAO – Ordres : travaux et activités



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
prévus le Loi de 2007 les
foyers de soins de longue

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 O.Reg 79/10, s. 229. Infection prevention and control program
Specifically failed to comply with the following subsections:**

s. 229. (3) The licensee shall designate a staff member to co-ordinate the program who has education and experience in infection prevention and control practices, including,

- (a) infectious diseases;**
- (b) cleaning and disinfection;**
- (c) data collection and trend analysis;**
- (d) reporting protocols; and**
- (e) outbreak management. O. Reg. 79/10, s. 229 (3).**

s. 229. (9) The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9).

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

- 1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.**
- 2. Residents must be offered immunization against influenza at the appropriate time each year.**
- 3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.**
- 4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.**
- 5. There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).**

Findings/Faits sayants :



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
prévus le Loi de 2007 les
foyers de soins de longue

1. As it relates to s.229 (3)(e): The Director of Care is unable to demonstrate that she has education in the area of outbreak management.
2. As it relates to s.229 (3)(d): The Director of Care is unable to demonstrate that she has education in the area of reporting protocols.
3. As it relates to s.229 (3)(c): The Director of Care is unable to demonstrate that she has education in the area of data collection and trend analysis.
4. As it relates to s.229 (3)(b): The Director of Care is unable to demonstrate that she has education in the area of cleaning and disinfection.
5. As it relates to s.229 (3)(a): The Director of Care is unable to demonstrate that she has education in the area of infectious disease.
6. As it relates to s.229 (9): A hand hygiene program in accordance with evidence-based practices was introduced to 7 staff members via an in-service education session on March 16, 2011. The hand hygiene program has not yet been introduced to all staff and has not yet been implemented at the home.

While staff have access to point of care hand hygiene agents in resident's bedrooms on the second floor of the home, staff do not have access to point of care hand hygiene agents in resident's bedrooms on the first floor of the home.

7. As it relates to s.229 (10)1: The acting Administrator and Long Term Care Homes Inspector #133 reviewed the home's Point Click Care Immunization Report for eight (8) residents admitted to the home since January 2011. Three (3) residents were not screened for tuberculosis within 14 days of admission.

Issued on this 2nd day of August, 2011

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

Jessica Lapensée