



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**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**

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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
Jan 30, 2015	2015_258519_0007	006652-14, 006581-14, 006590-14	Critical Incident System

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

CAMBRIDGE COUNTRY MANOR
3680 SPEEDSVILLE ROAD R R 31 CAMBRIDGE ON N3H 4R6

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

SHERRI GROULX (519)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): January 22, 2015

**The following Critical Incidents were inspected: #006581-14, 006590-14, 006652-14
The home was in Influenza A Outbreak at the time of the inspection. The Inspector did not go into the home care area.**

During the course of the inspection, the inspector(s) spoke with the Administrator, and the Director of Nursing.

The Inspector reviewed Policies and Procedures, Resident clinical records, a Resident incident report, Mandatory Annual staff education records for two staff members for the year 2014, staff re-training records for three staff members, and the minutes of staff meetings.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Hospitalization and Change in Condition

Personal Support Services

During the course of this inspection, Non-Compliances were issued.

2 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: 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 instituted or otherwise put in place is:
(b) complied with.

A Personal Support Worker (PSW) noticed that a Resident's personal assistive device was broken. A Registered Practical Nurse instructed the PSW to not allow the Resident to use this personal assistive device. A Registered Nurse and the Assistant Director of Nursing (ADON) directed the PSW to remove the personal assistive device from the Resident's reach so it would not be used. The Resident fell after attempting to use the personal assistive device. The Resident sustained an injury from the fall.

The home's Policy and Procedure stated the procedure for staff upon discovery of a broken, damaged, inoperable or unsafe piece of equipment is to place a lock out tag on the equipment and remove it from the floor.

Upon interview with the Administrator the home's process of removing broken assistive devices from the floor was reviewed. It was confirmed that the expectation of the home is for staff to follow the policy by placing a lock out tag on the broken Resident equipment, and then immediately removing it from the floor for the safety of the Resident. [s. 8. (1) (a),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 instituted or otherwise put in place is:
(b) complied with, to be implemented voluntarily.***

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.



Findings/Faits saillants :

1. The licensee has failed to ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

A Resident was transferred into bed from the wheelchair by one Personal Support Worker (PSW). A Registered Practical Nurse was present. During the transfer the Resident experienced discomfort and an injury.

According to the plan of care and Physiotherapy staff the Resident was to be transferred by two staff with an assistive device.

Upon review of the home's Policy and Procedure it stated that all staff will adhere to the designated/lift transfer status as identified on each resident's care plan.

Upon interview with the Administrator it was confirmed that all staff are expected to follow safe lifting and transferring techniques and are expected to follow the home's Safe Lift and Transfer Policy. The Resident was transferred by only one staff member without the use of an assistive device. [s. 36.]

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 staff use safe transferring and positioning devices or techniques when assisting residents, to be implemented voluntarily.



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Issued on this 30th day of January, 2015

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

Original report signed by the inspector.