



**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**

**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  
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**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 24, 2013	2013_171155_0060	L-000986-13	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 ARTHUR NURSING HOME  
215 ELIZA STREET, P.O. BOX 700, ARTHUR, ON, N0G-1A0**

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

**SHARON PERRY (155)**

**Inspection Summary/Résumé de l'inspection**



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

**This inspection was conducted on the following date(s): Saturday December 14, 2013.**

**During the course of the inspection, the inspector(s) spoke with the Ward Clerk, Registered Nurse, Registered Practical Nurse, Regional Manager, 6 Personal Support Workers, Nutrition Manager, Family Member, and 4 Residents.**

**During the course of the inspection, the inspector(s) toured resident care areas; observed staff's interactions with residents; observed snack cart; observed lunch meal in dining rooms; reviewed personal support staff schedules; reviewed weekly schedule rosters; reviewed bath/shower schedules; and reviewed resident clinical records.**

**The following Inspection Protocols were used during this inspection:  
Sufficient Staffing**

**Findings of Non-Compliance were found during this inspection.**



**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. 31. Nursing and personal support services**



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Specifically failed to comply with the following:

s. 31. (3) The staffing plan must,

(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).

(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).

(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).

(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).

(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

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Findings/Faits saillants :



1. The licensee failed to ensure that the organized program of personal support services provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and Regulation.

On December 14, 2013 there were only 6 personal support workers working on the 0600-1400 hour (day) shift. Upon review of the schedule and weekly roster it was noted that 3 personal support workers shifts had not been covered.

When a personal support worker called in for the December 14, 2013 day shift the staff who took the call did not make any calls to other personal support workers to attempt to cover the shift.

The Ward Clerk confirmed that the expectation is that if a call comes in to the staff working that they are to make calls to cover the shift and that this was not done.

On December 14, 2013 it was noted that an identified resident did not get to breakfast until after 0915 hours (breakfast time is 0800 hours). As a result, the resident did not get their choice of the posted menu items. This was confirmed by the resident and personal support worker.

On December 14, 2013 it was noted that 9/9 (100%) residents scheduled for a bath/shower did not receive their bath/shower and would not get one until their next scheduled bath/shower thus these residents only receiving one bath per week. This was confirmed by Personal Support Workers.

On December 14, 2013 it was noted that during the lunch meal that there were not enough staff in the dining room to assist the residents that required feeding. Staff were feeding at two tables instead of one. This was confirmed by Personal Support Workers.

A review of the work roster from November 10, 2013 to December 14, 2013 revealed 4/35 days (11%) reviewed had the PSW staff complement working according to the staffing plan that provides for a staffing mix that is consistent with residents' assessed care and safety needs. This was confirmed by the Ward Clerk. [s. 31. (3)]



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***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 organized program of personal support services provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and Regulation, to be implemented voluntarily.***

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Issued on this 24th day of December, 2013

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

SHARON PERRY