



**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 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<sup>ème</sup> 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

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**