

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670**Public Copy/Copie du rapport public**

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 20, 2020	2020_831211_0009	010750-20, 015585- 20, 016336-20	Complaint

Licensee/Titulaire de permisCaressant-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 Cobden
12 Wren Drive P.O. Box 430 COBDEN ON K0J 1K0**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

JOELLE TAILLEFER (211)

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): September 15, 16, 17, 21, 22, 2020.

The following logs were inspected during these Complaints inspection:

Log #016336-20 related to Continence Care and Bowel Management, Sufficient Staffing and Safe and Secure Home.

Log #015585-20 related to Continence Care and Bowel Management and Sufficient Staffing.

Log #010750-20 related to Prevention of Abuse, Neglect and Hospitalization and Change in Condition.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing, Physician, Registered Nurses (RNs), a Registered Practical Nurses (RPN), and Personal Support Workers (PSWs), Resident Services Attendants (RSAs), a Clerical Worker, an Activity Aide, a Physiotherapy Assistance and residents.

The inspector reviewed resident health care records, residents' incontinence products sheet, scheduling bed changes and staffing scheduling; as well as observed the provision of care and services to residents, and staff to resident interactions.

The following Inspection Protocols were used during this inspection:

**Continence Care and Bowel Management
Hospitalization and Change in Condition
Prevention of Abuse, Neglect and Retaliation
Safe and Secure Home
Sufficient Staffing**

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

1 WN(s)

1 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>Légende</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. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that, (g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The Licensee has failed to ensure that a resident's continence care products had sufficient changes to remain clean, dry and comfortable.

A resident's brief, pyjamas, soaker pad and the bottom sheet of the bed was found to be saturated with urine. Staff initial and a date was written on the continence product indicating that the last changed was achieved during an early night shift. A memo sheet indicated that continence products change during night shift rounds occurs between 0300-0400 hours, briefs are placed in the resident drawers for the daily allotment and residents are not to be fully changed again until indicated by the indicator strip on the briefs. A PSW acknowledged that the resident's continent product was not verified for wetness after 0130 hours.

Sources: observation, interviews with PSWs, review of the Caressant Care Unit Cheat Sheet and the memo sheet "Brief Use: Immediate Attention Required". [s. 51. (2) (g)]

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 residents' continence care products had sufficient changes to remain clean, dry and comfortable, to be implemented voluntarily.

Issued on this 21st day of October, 2020

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

Original report signed by the inspector.