



**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  
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**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

### **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>
Jul 30, 2014	2014_285546_0021	O-000681- 14	Resident Quality Inspection

#### **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 COBDEN  
12 WREN DRIVE, P.O. BOX 430, COBDEN, ON, K0J-1K0

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

SUSAN WENDT (546), ANANDRAJ NATARAJAN (573), RUZICA SUBOTIC-  
HOWELL (548)

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



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**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): July 21, 22, 23, 24, 25, 28, 29, 30, 2014**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Environmental Manager, several Housekeeping aides, the Food Services Supervisor, the Activity Director, several activity aides, the RAI Coordinator, several Registered Nurses (RN), several Registered Practical Nurses (RPN), several Personal Support Workers (PSW), one Cook, one Dietary Aide, the President of the Residents' Council, several family members and several residents.**

**During the course of the inspection, the inspector(s) completed a walk through tour of all resident areas, observed resident care, observed resident activities and restorative care, observed meal services, observed medication administration and medication storage areas, reviewed several residents' health care records, including plans of care, medication and treatment records and PSW point of care flow sheets. Several home policies were reviewed including policies related to the Responsive Behaviours Program, Minimizing Restraints and application of personal assistance services device(s)(PASDs), the Medication Administration and the Disposal and Destruction System, Skin and Wound Care Program, Continence Care and Bowel Management, Infection Control Program related to both, residents and staff and, the Housekeeping and Preventative Maintenance Program. In addition, recreation calendars, Residents' Council minutes and previous Family Council minutes, along with the Administrator's monthly Family Communique newsletter were also reviewed.**

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



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**Accommodation Services - Housekeeping  
Contenance Care and Bowel Management  
Dining Observation  
Family Council  
Food Quality  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Recreation and Social Activities  
Residents' Council  
Responsive Behaviours  
Skin and Wound Care**

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



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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. 136. Drug destruction and disposal**



**Specifically failed to comply with the following:**

- s. 136. (3) The drugs must be destroyed by a team acting together and composed of,**
- (a) in the case of a controlled substance, subject to any applicable requirements under the Controlled Drugs and Substances Act (Canada) or the Food and Drugs Act (Canada),**
    - (i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and**
    - (ii) a physician or a pharmacist; and O. Reg. 79/10, s. 136 (3).**
  - (b) in every other case,**
    - (i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and**
    - (ii) one other staff member appointed by the Director of Nursing and Personal Care. O. Reg. 79/10, s. 136 (3).**
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**Findings/Faits saillants :**



1. The Licensee failed to comply with O.Reg 79/10, s. 136. (3) (b) in that the licensee failed to ensure that drugs were destroyed by a team acting together and composed of (i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and (ii) one other staff member appointed by the Director of Nursing and Personal Care. Specifically, the licensee failed to ensure that non-controlled and controlled substances were destroyed by a team acting together and composed of members as described by this section.

On a specific date in July 2014, LTCH Inspector #548 conducted a review of the home's medication management system, including the home's process and procedures for the destruction and disposal of medication for controlled and non-controlled substances.

On a specific date in July 2014, during an interview with Inspector #548, S#100 indicated that the disposal of non-controlled and controlled substances included the documentation of the removal of the non-controlled substance from circulation and disposal of the of non-controlled and controlled substances to separate designated medication disposal containers prior to the removal from the Home. It was observed by Inspector #548 that there were separate containers for the disposal of controlled substances and of non-controlled substances. It was observed that controlled substances were placed in a locked container that could not be opened nor manipulated. It was observed that the two containers were kept in a locked area with controlled access.

On a specific date in July 2014, during an interview with Inspector #548, S#100 indicated that the pharmacy provider removed the non-controlled and controlled substances in their original form.

On a specific date in July 2014, during an interview with Inspector #548, both the DOC and the Administrator confirmed that the pharmacy provider removed the non-controlled and controlled substances in their original form from the Home for destruction. The DOC confirmed that there was no team acting together, nor a team composed of members as described by this section responsible to destroy non-controlled and controlled substances at the Home. Furthermore, the DOC indicated she was not aware that team acting together as per O. Reg 79/10 section 136 was a requirement for the destruction of non-controlled and controlled substances. [s. 136. (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 by ensuring that all drugs were destroyed by a team acting together and composed of: (i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and (ii) one other staff member appointed by the Director of Nursing and Personal Care, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 59. Family Council**

**Specifically failed to comply with the following:**

**s. 59. (7) If there is no Family Council, the licensee shall,  
(a) on an ongoing basis advise residents' families and persons of importance to residents of the right to establish a Family Council; and 2007, c. 8, s. 59. (7).  
(b) convene semi-annual meetings to advise such persons of the right to establish a Family Council. 2007, c. 8, s. 59. (7).**

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**Findings/Faits saillants :**



1. The licensee failed to comply with LTCHA 2007, S.O. 2007, c.8, s. 59 (7) (b) in that the licensee did not convene semi-annual meetings to advise residents' families and persons of importance to residents of the right to establish a Family Council.

In the monthly Family Communique's April 2014 issue, it was indicated that "We continue to look for family members to increase the number of members on Family Council. Taking part in Family Council in our home is a very rewarding experience as it has such a positive impact on our residents, their families, and staff. If you would like more information, please contact Chantel."

During an interview with Inspector #546 on a specific date in July 2014, the Administrator confirmed that the home had only sent out the aforementioned newsletter, as a notice to recruit Family Members for the re-establishment of a Family Council at the Home. On a specific date in July 2014, during an interview with the Administrator and S#112, both confirmed that, although this may have been discussed at the monthly social gathering of Families and Friends' meal, the Home had not convened semi-annual meetings in 2013-2014 to advise residents' families and persons of importance to residents of their right to establish a Family Council. [s. 59. (7) (b)]

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**WN #3: 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:**

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

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**Findings/Faits saillants :**





1. The Licensee has failed to comply with O.Reg 79/10, s. 229. (4) in that the Licensee failed to ensure the implementation of the infection prevention and control program during the administration of medications to residents.

On a specific date in July 2014, Inspector #548 observed the administration of medication to Residents #017, #018, #019 and #020.

On a specific date in July 2014, S#100 was administering morning medications to Residents #017, #019 and #020. It was observed by Inspector #548 that S#100 opened a container of Acetaminophen 500 mg and pulled out two tablets with her one hand and placed the tablets in a medication cup for Resident #017. S#100 repeated the procedure of touching the Acetaminophen 500 mg (2 tablets) prior to its administration to Resident #019 and Resident #20.

On a specific date in July 2014, during an interview with Inspector #548, the DOC confirmed her expectation for the preparation of medications. The DOC indicated that prior to the administration of medications, all registered nursing staff are to have no physical contact with the medication, prepare the medication as prescribed and administer to the resident. [s. 229. (4)]

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**Issued on this 30th day of July, 2014**

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