



**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
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 11, 2014	2014_181105_0028	L-000687-14	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 HARRISTON
24 LOUISE STREET, P.O. BOX 520, HARRISTON, ON, N0G-1Z0

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

JUNE OSBORN (105), CHRISTINE MCCARTHY (588), RUTH HILDEBRAND (128),
RUTHANNE LOBB (514)

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 22, 23, 24, 25, 28, 29, 30, 31, 2014

Concurrently Critical Incident Log# L-000391-14 was completed, as well as 2 complaints see inspection # 2014_181105_0029, log # 000509-14 and 000512-14.

During the course of the inspection, the inspector(s) spoke with 42 Residents, the President of the Residents' Council, 1 Administrative Assistant, 2 Housekeeping Aides, 4 Dietary Aides, 1 Personal Support Worker Student, 11 Personal Support Workers, 6 Registered Practical Nurses, 1 Registered Nurse, the Resident Assessment Instrument Coordinator, 1 Activation Aide, the Resident Care Coordinator, the Activation Director, the Maintenance Manager, the Dietary Manager, the Regional Manager, the Director of Nursing, and the Administrator.

During the course of the inspection, the inspector(s) reviewed medical records, policies and procedures, and other related documents, observed resident/staff interactions, a meal service, and medication administration, conducted a tour of the home observing for housekeeping and maintenance issues in resident rooms/common areas, and inspected medication storage areas.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing**

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. 9. Doors in a home



Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,

i. kept closed and locked,

ii. equipped with a door access control system that is kept on at all times, and

iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system,

or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency. O. Reg. 79/10, s. 9. (1).

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).

Findings/Faits saillants :



1. The Licensee failed to ensure that the following rules are complied with: 1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be, i. kept closed and locked.

On July 22, 2014, Exit #6, terrace doors, in the Large Dining Room were noted to be unlocked. The exit opens into an open area which is unattended, unfenced and accesses the sidewalk onto the street.

A Personal Support Worker student, a Dietary Aide, and the Administrator all confirmed that the doors were unlocked and provided access to unsecured areas by residents of the home. The staff shared that the door is alarmed although the alarm is only audible at the Nursing Station and the alarm has to be turned off at the Exit door itself. The Administrator acknowledged that it was a potential hazard for the residents of the home. [s. 9. (1)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee failed to ensure that the home is a safe and secure environment for its residents.

At 14:05, July 28, 2014, the kitchen was found unlocked and unattended providing residents with potential access to knives, hazardous chemicals, and hot water. It was also noted that there was an unlocked exterior screen door, in the kitchen, that would have allowed access to the outdoors.

A Personal Support Worker confirmed that the kitchen door was unlocked and the kitchen was unattended.

The Dietary Manager acknowledged the potential safety risks and indicated the expectation was that the kitchen should always be locked when it is unattended. [s. 5.]



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 the home is a safe and secure environment, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

On July 28 and 29, 2014, observations were made of the following rooms:

Room 33 – Paint chipped around the door frame entrance to room.

- Small area of drywall missing on corner of wall inside doorway.
- Paint chipped on corner of wall inside doorway.

Room 31 – Wall gouged 6 cm in length on inner wall beside doorway.

- Paint chipped off of lower door frame entrance to room.

Room 30 – Significant paint chipped on lower door frame entrance to room.

- Missing lower baseboard piping at door entrance.
- Extensive paint chipped on bathroom door.

Room 29 – Extensive paint chipped on door frame entrance to room.



Room 34 – Paint chipped around door frame entrance to room.

- Paint chipped on entrance door.

Room 27 – Paint chipped around door frame entrance to room and paint chipped on entrance door.

- Bathroom door paint chipped on door and door frame to bathroom.
- Paint gouged on lower wall by bathroom door.
- Corner guard cap off of corner moulding by bathroom.

Room 28 – Paint chipped on door to bathroom and room entrance.

- Paint chipped on bathroom vanity.

Room 25 – Paint chipped on door frame and inner and outer door to bathroom.

- Soiled caulking around toilet base.

Room 35 – Paint chipped off of door to room entrance.

- Chipped paint on bathroom walls.

Room 26 – Paint chipped around door frame entrance to room.

- Paint chipped on room entrance door.
- Drywall and paint chipped off of corner entrance to bathroom.
- Paint chipped around door frame entrance to bathroom.
- Paint off of inner bathroom door.
- Drywall gouged on bathroom wall near sink.
- Bathroom radiator rusted and metal disintegration, 4 feet in length.
- Soiled caulking around toilet and base of sink.
- Chipped wooden shelf with roughed wood area, 2 feet in length.

B Tub room – Chipped paint around entrance door frame and on door to tub room.

- Missing tile pieces on floor, and broken tile on a corner wall revealing sharpened edges.
- Significant paint chipped on lower walls on painted tiles.

Room 9 - Paint chipped on wall at corner of bathroom.

- Bathroom sink pipes are exposed with unpainted cement area.
- Paint chipped on inner entrance door to room and door to bathroom.
- Soiled caulking around base of toilet.



Room 8 – Baseboard cover coming away from the baseboard, exposing the baseboard mechanics.

- Soiled caulking around the base of the toilet.
- Paint chipped around the room entrance door frame.

Room 7 – Significant paint chipped at lower door frame entrance to room.

Room 2 – Corner baseboard at entrance to room missing.

- Paint chipping at lower door frame entrance to room.
- Paint chipped on inner bathroom door frames.
- Piece of laminate flooring worn through.
- Caulking around base of toilet soiled.
- Paint off of sections of lower bathroom wall.

A Tub room - The shower area caulking is stained or marked with rusty coloured or a rust substance

- The wall is scraped through the paint as is the back of the door.
- There is a chrome chair with brown seat and back (vinyl) revealing very rusty legs and frame.
- The front of the tub room door into the hallway is gouged into the fiber board
- There is a white material stuck to the door just under the room title.

Room 3 – Paint chipped off of lower door frame entrance to room.

- Paint chipped on inner bathroom door and bathroom door frame.
- Brown soiling around base of toilet with no noted caulking.
- Exposed baseboard piping revealing roughed edge by toilet.
- Absent horizontal towel bar with exposed ends of towel bar left on wall.

Room 6 – Paint chipped off of lower door frame entrance to room and to bathroom.

- Paint chipped off of corner wall at bathroom door.

Room 4 – Paint chipped off of lower door frame entrance to room and to bathroom.

- Corner guard cap off of corner molding by bathroom.
- Paint chipped on bathroom door
- Significant paint chipping on radiator in room.

Room 24 - Dark soiling around base of toilet.



- Paint chipped and black scuff marks on bathroom wall by toilet.
- Paint peeled off of bathroom wall
- Exposed rust on inner door frame to bathroom.

Room 12 – Soiled caulking around base of toilet.

Room 23 – Paint chipped around the door frame entrance to room.

Room 15 – Paint chipped around the door frame entrance to room.

- Pieces of tiles missing on bathroom floor.
- Paint chipped on bedroom door entrance.
- Chipped paint around bathroom door frame.
- Lifted baseboard outside of resident room.

Room 16 – Chipped paint around the door frame entrance to room.

- Soiled caulking around base of toilet.

Room 17 – Chipped paint around the door frame entrance to room.

- Peeled paint on outer bathroom door, and on wall beside bathroom.
- Sharp metal join on radiator exposed.

D Tub room – Chipped paint on inner tub room door and on door frame entrance to tub room.

- Corner guard by toilet chipped and one foot section missing.

Room 110 – Chipped paint around the door frame entrance to the room.

- Missing baseboard in room near bathroom.
- Missing and soiled caulking around base of toilet and sink.
- Extensive scraped paint on inner bathroom door and bathroom vanity.
- Hole in inner bathroom door.
- Paint chipped in resident room on wall corners.

Room 111A – Chipped paint around the door frame entrance to room

- Missing baseboard and chipped paint by cupboard door
- Paint scrape, 6 cm in length, on bathroom wall.

Room 111B – Chipped paint around the door frame entrance to the room.



Room 112B – Extensive chipped and gouged paint around door frame entrance to the room.

Room 112 A – Extensive chipped and gouged paint around door frame entrance to the room.

Room 114 – Chipped paint around the door frame entrance to the room.

Room 107 – Chipped paint around the door frame entrance to the room.

Hallway D - Chipped paint along entire length of lower hallway.

Room 101 - Chipped paint around the door frame entrance to room.

- Cupboard doors not attached to lower track.
- Soiled caulking around toilet
- Extensive paint scraped off of painted vanity and vanity cupboard.

Room 102 – Chipped paint around the door frame entrance to room.

- Paint and drywall scraped off of closet corner.
- Corner guard cap off of corner molding by bathroom.
- Cupboard doors not attached to lower track.

Room 105 – Baseboard piece missing outside of room.

- Chipped paint around the door frame entrance to room.
- Significant paint chipped off of inner bathroom door, bathroom vanity and painted bathroom counter.
- Exposed rust on lower bathroom door frame
- Piece of bathroom sink missing.

Room 103 - Chipped paint around the door frame entrance to room

- Hole in wooden bathroom door
- Paint scraped off of painted bathroom counter and vanity
- Missing floor tile around toilet
- Extensive soiling around toilet base.

The Environmental Services Manager verified the above noted rooms needing maintenance repairs and confirmed the home's expectation that the resident rooms and common areas are to be maintained in a good state of repair.



The Environmental Services Manager confirmed that no resident room audits for room repairs are being completed at this time but the plan is that the room audits will be initiated as soon as possible.

The Director of Care provided the home's policy and procedure (Audits - Departmental, dated April 2014) and confirmed that the home's expectation is that the Resident Room audits are to be completed daily as per home's Audits - Departmental policy. [s. 15. (2) (c)]

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 the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 17.

Communication and response system

Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).

(b) is on at all times; O. Reg. 79/10, s. 17 (1).

(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).

(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).

(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).

(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).

(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that resident #061 and resident #042 had a call bell accessible to them.

July 24, 2014 it was noted in room [REDACTED] that neither resident had access to a call bell, since the pull cords were not attached to the call bell pull switch.

The Administrator confirmed this to be true and immediately fixed the situation . [s. 17. (1) (a)]

2. The licensee failed to ensure that there is a resident-staff communication and response system available in every area accessible by residents.

July 22, 2014 during the Initial Tour it was noted there was no call bell in the Living Room outside the Multipurpose Room.

The Director of Nursing and the Administrator, acknowledged that there is no call bell in the Living Room. [s. 17. (1) (e)]

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 there is a resident-staff communication and response system available in every area accessible by residents, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey



Specifically failed to comply with the following:

s. 85. (1) Every licensee of a long-term care home shall ensure that, at least once in every year, a survey is taken of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home. 2007, c. 8, s. 85. (1).

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,

(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3); 2007, c. 8, s. 85. (4).

(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any; 2007, c. 8, s. 85. (4).

(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and 2007, c. 8, s. 85. (4).

(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :



1. The licensee failed to ensure that, at least once in every year, a survey was taken of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home.

There is no documented evidence to support that the home conducted an annual resident and family satisfaction survey, in 2013.

The Director of Nursing confirmed that the home did not send out a survey to measure residents' and families' satisfaction with the home and the care, services, programs and goods, in 2013. [s. 85. (1)]

2. The licensee failed to seek the advice of the Residents' Council in developing and carrying out the survey, and in acting on its results.

The last satisfaction survey was conducted in 2012.

A review of the Residents' Council minutes revealed that there is no documented evidence to support that the licensee sought the advice of Residents' Council in 2012 in developing and carrying out the satisfaction survey, and in acting on its results.

The Director of Nursing confirmed that Residents' Council's advice was not sought in developing and carrying out the satisfaction survey and in acting on its results. [s. 85. (3)]

3. The licensee failed to ensure that the results of the survey were documented and made available to the Residents' Council.

A review of the Residents' Council minutes revealed that there is no documented evidence to support that the licensee made available the results of the satisfaction survey, conducted in 2012, to the Residents' Council.

The Director of Nursing confirmed that the results were not shared with the Residents' Council. [s. 85. (4) (a)]



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 a) to ensure a survey is taken once every year of the residents and their families to measure their satisfaction with the care, services, programs and goods provided at the home.

b) to ensure the Residents' and Family councils have input into development of the survey

c) to ensure results of said survey is provided to the Residents' Council and the Family Council, to be implemented voluntarily.

**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 87.
Housekeeping**

Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1)

(a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that procedures are developed and implemented for addressing incidents of lingering offensive odours.

Lingering offensive urine odours were noted, in Hallway B, by Inspectors #514, #588, #105 and #128 through out the Resident Quality Inspection.

Despite the home having procedures developed, the presence of urine odours were confirmed by a Personal Support Worker in [REDACTED] Resident washrooms:

The Regional Manager and Director of Care confirmed that the home does have lingering urine odours despite attempts to address incidents of offensive odours. [s. 87. (2) (d)]



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 procedures are developed that address lingering odours in the home., to be implemented voluntarily.

WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

11. Every resident has the right to,

i. participate fully in the development, implementation, review and revision of his or her plan of care,

ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,

iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and

iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure a resident had his/her personal health information kept confidential.

On July 23, 2014 at 1137 hours - In E Hall it was noted that an electronic medical record monitor was not locked and the monitor/cart was unattended, with personal health information in view.

This was verified by a Registered Practical Nurse.

The Director of Nursing and the Administrator confirmed that the procedure is to lock down the screen when away from the terminal. [s. 3. (1) 11. iv.]

**WN #8: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

Findings/Faits saillants :



1. The licensee has failed to ensure that there is a written plan of care for each resident that sets out, (c) clear directions to staff and others who provide direct care to the resident.

A family interview indicated that it would be desirable to have oral care competed after each meal for resident #063.

The Care Plan for resident #063 with a completion date of June 12, 2014 indicated that oral care is provided with toothbrush and tooth paste every morning and every evening at bedtime, using pea sized amount of tooth paste and water only.

An interview with a Personal Support Worker indicated that mouth care is provided for Resident #063 after each meal using mouth swabs.

An interview with a Registered Practical Nurse confirmed the directions in the Care Plan were not the current practice which is the use of mouth swab with mouth wash and water. The correction was made immediately. [s. 6. (1) (c)]

2. The Care Plan with a completion date of June 4, 2014 indicated that staff provide appropriate oral hygiene and that resident #024 has both upper and lower dentures.

A Personal Support Worker, shared that resident #024 has dentures and that the bottom denture is missing. This staff member was unaware if the dentures were ever found.

Resident #024 shared there is only one denture. The resident added that it had been mentioned, but has not heard a word about any replacement dentures.

Two Registered Practical Nurses, a Registered Nurse, all confirmed that the Care Plan is not up to date and does not provide clear directions to staff and others who provide direct care to the resident. [s. 6. (1) (c)]

WN #9: 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 the policy pertaining to heights being taken annually was complied with.

A review of the Heights policy, dated October 2013, revealed that the expectation is that heights are measured and recorded upon admission and annually thereafter.

A review of heights, in Point Click Care, on July 30, 2014 revealed that heights were not taken annually for 4 of 6 (67%) of the following residents:

Resident #041 - height taken 4/30/2013

Resident #042 - height taken 2/13/2014

Resident #043 - height taken 3/1/2013

Resident #045 - height taken 6/13/2012

Resident #046 - height taken 7/25/2014 - height taken after inspector # 105 identified this to the home

Resident #047 – height taken 3/1/2013

A Registered Practical Nurse and the Regional Manager both verified that the expectation is that heights were to be taken annually and if they weren't being done they should be. [s. 8. (1)]

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care

Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
21. Sleep patterns and preferences. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :



1. The licensee has failed to ensure resident #041 has a care plan that included sleep patterns and preferences.

During an interview resident #041 shared that he/she would prefer not to get up at 0600 hours.

A review of the Care Plan revealed there is no documentation of sleep patterns and preferences.

The Resident Assessment Instrument Coordinator confirmed there is no documentation concerning sleep patterns and preferences in the Care Plan for resident #041. [s. 26. (3) 21.]

WN #11: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The licensee has failed to respond in writing within 10 days of receiving Residents' Council advice related to concerns or recommendations.

A review of the Residents' Council minutes from the July 3, 2014 meeting, revealed documented concerns expressed by residents related to menus and meal service. The Administrator responded in writing to Residents' Council that "the Food and Nutrition Manager will respond to your food issues in person at the next Food Committee meeting". The Administrator's response is not dated.

The Residents' Council Assistant and the Dietary Manager confirmed that there is no evidence to support that the concerns expressed by residents were responded to within 10 days of receiving the advice. [s. 57. (2)]



WN #12: 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).**

Findings/Faits saillants :

1. The licensee has failed to, a) on an ongoing basis advise residents' families and persons of importance to residents of the right to establish a Family Council and b) convene semi-annual meetings to advise such persons of the right to establish a Family Council.

The Administrator shared on interview that the last news letter to families had a notation about establishing a Family Council and also that there is a posting near the dining room about the Family Council.

Review of these 2 documents revealed neither one addresses the fact that it is a right to establish a Family Council.

The Director of Nursing confirmed that these documents do not address the issue of it being a right to establish a Family Council. [s. 59. (7) (a)]

2. During the entrance conference the Administrator shared that there was no family council established in the home.

During an interview with the Administrator it was revealed that there has not been a meeting convened semi-annually or ever to advise residents' families and persons of importance to residents of their right to establish a Family Council. [s. 59. (7) (b)]

WN #13: 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).



Findings/Faits saillants :

1. The licensee has failed to ensure that all staff participate in the implementation of the infection control program.

On July 25, 2014 the following were found in C Wing Whirlpool Tub Room: a used unlabeled hair comb with hair in it was found on a shelf beside the tub, a used k-basin was found in a bucket storing the tub scrub brush, and an unlabeled plastic bag of hair rollers was found on the large cart with general supplies.

The Maintenance Manager verified the presence of these items in the Tub Room.

The Director of Nursing confirmed these items could be a potential infection control risk. [s. 229. (4)]

Issued on this 11th day of August, 2014

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



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et
des Soins de longue durée**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

**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**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : JUNE OSBORN (105), CHRISTINE MCCARTHY (588),
RUTH HILDEBRAND (128), RUTHANNE LOBB (514)

Inspection No. /

No de l'inspection : 2014_181105_0028

Log No. /

Registre no: L-000687-14

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Aug 11, 2014

Licensee /

Titulaire de permis : CARESSANT-CARE NURSING AND RETIREMENT
HOMES LIMITED
264 NORWICH AVENUE, WOODSTOCK, ON, N4S-3V9

LTC Home /

Foyer de SLD : CARESSANT CARE HARRISTON
24 LOUISE STREET, P.O. BOX 520, HARRISTON, ON,
N0G-1Z0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : LYNN JAMIESON



**Ministry of Health and
Long-Term Care**

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Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

To CARESSANT-CARE NURSING AND RETIREMENT HOMES LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Order # /

Ordre no : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,

- i. kept closed and locked,
- ii. equipped with a door access control system that is kept on at all times, and
- iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system, or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Order / Ordre :

The licensee shall ensure that Exit #6, the Terrace Doors in the large dining room, that open to the outside of the building are kept closed and locked at all times.



**Ministry of Health and
Long-Term Care**

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Ordre(s) de l'inspecteur

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Grounds / Motifs :

1. The Licensee failed to ensure that the following rules are complied with: 1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be, i. kept closed and locked.

On July 22, 2014, Exit #6, terrace doors, in the Large Dining Room were noted to be unlocked. The exit opens into an open area which is unattended, unfenced and accesses the sidewalk onto the street.

A Personal Support Worker student, a Dietary Aide, and the Administrator all confirmed that the doors were unlocked and provided access to unsecured areas by residents of the home. The staff shared that the door is alarmed although the alarm is only audible at the Nursing Station and the alarm has to be turned off at the Exit door itself. The Administrator acknowledged that it was a potential hazard for residents of the home. (588)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Sep 05, 2014



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de soins de longue durée*, L.O. 2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



**Ministry of Health and
Long-Term Care**

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section 154 of the *Long-Term Care
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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



**Ministry of Health and
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Ordre(s) de l'inspecteur
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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



**Ministry of Health and
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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 11th day of August, 2014

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : JUNE OSBORN

Service Area Office /

Bureau régional de services : London Service Area Office