



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

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Direction de l'amélioration de la performance et de la conformité

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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
May 6, 2013	2013_170203_0017	L-000211-13	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 HARRISTON
24 LOUISE STREET, P.O. BOX 520, HARRISTON, ON, N0G-1Z0

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

CARMEN PRIESTER (203)

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): April 17, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, two Registered staff, 3 Personal Support Workers, 3 Residents and 1 Family Member.

During the course of the inspection, the inspector(s) Toured resident areas, observed resident care, reviewed clinical records and policies and procedures related to this inspection.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance



Infection Prevention and Control

Personal Support Services

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 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).
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Findings/Faits saillants :

1. The home failed to ensure that resident areas are maintained in a good state of repair as demonstrated by:

An identified shared bathroom has strong lingering urine odors. The flooring has been partially removed creating trip hazards where the concrete floor meets the pieces of old flooring. The lower portions of the drywall are visibly wet and soiled. The residents that share this bathroom are continuing to use the bathroom. The baseboard heating unit is broken and partially coming off the wall creating a safety hazard.

Another identified shared bathroom was observed to have cracked flooring (three separate cracks) around the toilet and the flooring is visibly soiled with black debris between the toilet and the wall. There are also two holes in the flooring in the middle of the bathroom.

The Administrator and the Director of Care confirmed the need for repairs in both of these bathrooms. [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 that the home is maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program



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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. Identified shared bathrooms have unmarked urinals stored uncovered on the back of the toilet tank and soiled toileting equipment which had not been cleaned. There are no towels in the bathrooms of several identified resident rooms. Paper towel dispensers and the soap dispensers are mounted at a level that are not accessible to a resident in a wheelchair. [s. 229. (4)]

2. DOC and Resident Services Coordinator confirm that there is a process in place for the cleaning and storage of toileting equipment after every use. There is also a procedure in place that provides for residents to receive clean towels and facecloths after morning care. [s. 229. (4)]

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 staff participate in the implementation of the infection control program, to be implemented voluntarily.

Issued on this 6th day of May, 2013

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

CARMEN PRIESTER