



**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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Performance Division
Performance Improvement 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**

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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
Jun 3, 2014	2014_280541_0015	O-000039- 14	Critical Incident System

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 LINDSAY NURSING HOME
240 MARY STREET WEST, LINDSAY, ON, K9V-5K5

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

AMBER MOASE (541)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): May 28-30, 2014

During the course of the inspection, the inspector(s) spoke with the Director of Nursing, the Food Service Manager, the RAI Co-ordinator, Registered Nurses, Registered Practical Nurses, Personal Support Workers and Residents.

During the course of the inspection, the inspector(s) reviewed resident health care records, observed resident meal service and reviewed policies "Adaptive Feeding Devices" and "Nursing Restorative Care".

The following Inspection Protocols were used during this inspection:



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. 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 comply with LTCHA 2007 c.8 s.6(1)(c) in that the care plan does not set out clear directions to staff related to adaptive feeding devices.

According to Critical Incident report on a specified date, Resident #1 was in the dining room and spilled tea on his/her self, causing an injury. The Critical Incident report indicates that to prevent recurrence Resident #1 will be provided with a sippy cup with lid to be used during all meals and snacks for fluids.

On May 29, 2014 staff member S101 indicated to the inspector that Resident #1 has had a cup with a lid since since September 2013. This staff member also indicated that any required adaptive device would be found in the resident's care plan. Staff member S100 confirmed that if a resident requires an adaptive feeding device it would be in the care plan. The Food Service Manager (FSM) stated it is her expectation that staff would refer to the care plan to determine if a resident requires an adaptive feeding device. During an interview with the Director of Nursing (DON) on May 29, 2014 it was indicated that it is her expectation if a resident requires an adaptive feeding device that this intervention would be in the resident`s care plan. The DON confirmed the resident`s plan of care is considered to be the care plan document.

A review of Resident #1's care plan in effect the date of the incident and the care plan in effect at the time of inspection do not include the intervention for a sippy cup with a lid. An interview with the DON confirms the care plan does not include the sippy cup with a lid intervention for Resident #1. [s. 6. (1) (c)]

2. A review of the seating plan and dining observations made on May 28 and 29, 2014 indicate Resident #2 uses a sippy cup with a lid for his/her hot drinks. Resident #2's care plan in effect at time of inspection does not reflect the intervention for a sippy cup with a lid. [s. 6. (1) (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 whereby a resident who requires an adaptive feeding device has this intervention documented in their care plan, to be implemented voluntarily.

WN #2: 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 comply with O. Reg 79/10 s. 8. (1)(b) where the home's Adaptive Feeding Device policy was not complied with.

O.Reg 79/10 s.68(2)(a) states that every licensee of a long-term care home shall ensure that the nutrition care and hydration program includes the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration.

The home's policy "Adaptive Feeding Devices" states:

- A referral is to be sent to the Dietary department (via a Nutrition Referral Form) to request an assistive eating/drinking device.
- After evaluation, the Restorative Care Team, Registered Dietitian/Food and Nutrition Manager, or designate determines the most appropriate intervention and documents the need for specific assistive devices/utensils in the resident's Nutrition Care Plan and in the interdisciplinary notes.



According to the Critical Incident report, Resident #1 is to have a sippy cup with a lid for all fluids to prevent him/her from spilling hot liquids.

During the inspection all of the nutritional referrals for Resident #1 were reviewed from date of admission until current date. There are no referrals related to Resident #1's need for a sippy cup with a lid.

A nutrition assessment completed on a specified date by the dietitian states that Resident #1 requires a lipped plate but does not mention that he/she also requires a sippy cup with a lid.

A review of resident #1's care plan in effect at the time of the critical incident as well as the care plan in effect at the time of inspection do not include the intervention for a sippy cup with a lid. An interview with the Director of Nursing (DON) confirms the care plan does not include the sippy cup with a lid intervention for Resident #1. [s. 8. (1) (a),s. 8. (1) (b)]

2. During lunch meal observation on May 29, 2014 Resident #2 was identified as using a sippy cup with a lid for hot drinks. A review of the seating plan indicates Resident #2 requires a 2 handled cup at meals.

Staff member S100 confirmed that the expectation is that a referral is sent to the dietary department when a resident requires an adaptive device and the intervention would be in the care plan and nutrition assessment. Staff member S101 and S102 confirmed that information about a resident's use of adaptive devices would be in the care plan. The Food Service Manager stated in an interview on May 29, 2014 that it is her expectation that staff would refer to the care plan to determine if a resident needs an adaptive device.

During the inspection all of the nutritional referrals for Resident #2 were reviewed from date of admission until current date. There are no referrals related to Resident #2's need for a sippy cup with a lid. The nutritional care plan completed on a specified date for Resident #2 does not indicate that he/she requires an adaptive device. [s. 8. (1) (a),s. 8. (1) (b)]



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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 whereby the policy "Adaptive Feeding Devices" will be complied with, to be implemented voluntarily.

Issued on this 20th day of June, 2014

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