



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

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de 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) 569-9670

Bureau 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 public**

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<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>
Mar 8, 2016	2016_360111_0003	000996-16	Complaint

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### **Licensee/Titulaire de permis**

CARESSANT-CARE NURSING AND RETIREMENT HOMES LIMITED  
264 NORWICH AVENUE WOODSTOCK ON N4S 3V9

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### **Long-Term Care Home/Foyer de soins de longue durée**

CARESSANT CARE LINDSAY NURSING HOME  
240 MARY STREET WEST LINDSAY ON K9V 5K5

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

LYNDA BROWN (111)

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

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): February 18, 20-24, 2016**

**The following inspections were completed concurrently during this inspection: critical incidents for log #000898-16, 000902-16 & 000924-16 related to allegations of staff to resident neglect; complaint log #033585-15 related to continence care products and complaint log #000996-16 related to resident care and change in condition.**

**During the course of the inspection, the inspector(s) spoke with Residents, Administrator, Director of Care (DOC), Resident Care Coordinator (RCC), Registered Nurse(s)(RN), Registered Practical Nurse(s)(RPN) and Personal Support Worker(s)(PSW).**

**During the course of the inspection, the inspector also observed incontinence supplies throughout the home, reviewed continence assessments, continence supply lists, reviewed health records of residents, reviewed the home's complaints, reviewed the homes investigations, reviewed staff schedules, and reviewed the following home policy on Bowel and Bladder Management Program.**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management  
Prevention of Abuse, Neglect and Retaliation  
Skin and Wound Care**

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

**2 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>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. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).**

**Findings/Faits saillants :**



The licensee has failed to ensure that the SDM and the designate of the resident, was given an opportunity to participate fully in the development and implementation of the plan of care.

Related to log # 000996-16 for resident #001:

Review of the progress notes for resident #001 indicated during a three month period, the resident had a change in condition and/or treatment on six specified dates. The resident also sustained 3 falls on specified dates and times. There was no documented evidence the SDM was notified until the resident's condition had significantly changed and the resident was transferred to hospital.

***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 any changes in the resident's condition, include the notification of the SDM, or any other designate, to be implemented voluntarily.***

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**WN #2: 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,  
(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes; O. Reg. 79/10, s. 51 (2).**

**s. 51. (2) Every licensee of a long-term care home shall ensure that,  
(h) residents are provided with a range of continence care products that,  
(i) are based on their individual assessed needs,  
(ii) properly fit the residents,  
(iii) promote resident comfort, ease of use, dignity and good skin integrity,  
(iv) promote continued independence wherever possible, and  
(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that there is a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes.

Related to log # 033585-15:

An anonymous complaint was received indicating 44 residents are heavily incontinent, only 5 residents are provided with briefs, and the rest are provided pads/liners. The complainant also indicated that incontinence products are kept locked up and not readily available.

Observation of all three units (A, B & C) indicated only 'extra' small white pads were available (in a clear plastic bag) that was attached to the clean utility carts for staff and residents. There were no other incontinence products accessible.

Interview of the Resident Care Coordinator (RCC) indicated he "took over managing the incontinence program in January 2016 as the previous DOC managed the incontinence program". The RCC indicated that the Registered Nursing staffs are to complete the 'Tena change/request form' which determines which continence product is required for each resident. The RCC then creates and orders products based on the 'Resident Profile



Worksheet' list. The RCC indicated incontinence products are kept in the main storage room on a specified unit and only the DOC, RCC and the RN on the first floor have access. The RCC then fills a clear plastic bag, based that worksheet, with one incontinence product per resident, per shift. The RCC indicated this process is completed for each unit (A & B on first floor and C on second floor). The RCC indicated an "extra bag" is also provided to each unit and contains one extra incontinence product for each resident but is for the 24 hour period. The RCC indicated the incontinence products bags are then placed in the locked medication rooms on each unit for the charge nurse to disperse to the PSW's at the start of each shift. The RCC indicated the 'extra bag' usually remains in the medication room and PSW's just have to ask the nurse for an extra product if needed. The RCC indicated the families provided pull-ups for any of the residents who wish to have pull-ups. The RCC was not aware if any residents who requested pull-ups, whether the families were offered pull-ups (provided by the home).

On one specified unit, S#101 was interviewed and identified a specified number of residents as heavily incontinent that required more than once per shift incontinence product changes. S#101 also indicated "there are never enough products available for our residents who are heavy wetters, we have to find the nurse, and then get the nurse to get them from the main storage room, and that takes time we don't have". Review of the Resident Profile Worksheet indicated out of the specified number of residents who were heavily incontinent, approximately half of them utilized briefs and were allocated only one brief per shift. The remainder were provided pads (of various sizes) and also only allocated one pad per shift.

On a different specified unit, S#102 was interviewed and identified a specified number of residents as heavily incontinent that required more than once per shift incontinence product changes. Review of the 'Resident Profile Worksheet' indicated three quarters of the residents that were incontinent, were receiving pull-ups supplied by the families. One of the specified heavily incontinent residents was provided a pad and only allocated one pad per shift.

On a different specified unit, S#103, #104 & #105 were interviewed and identified a specified number of heavily incontinent residents that required more than once per shift incontinence product changes. The staff stated "the nurse gives us our bag of one product per resident at the beginning of our shift and there are only extra white pads available to us" and "some of the residents that are heavily soiled should be in a brief and are only provided a pad". The staff also stated "if we need more, we have to ask the charge nurse to get them from the medication room". Both staff stated "some of the

residents that are heavily soiled should be in a brief and are only provided a pad” and “we are only given one incontinence product per resident, per shift and if we need more, we have to ask the charge nurse. Review of the ‘Resident Profile Worksheet’ indicated half of the residents identified as heavily incontinent had pull-ups provided by the families, 2/5 had one pad provided per shift, and only 1/5 was assessed to use one brief per shift.

Review of ‘Resident Profile Worksheet’ for the home indicated:

-unit A: 45/61 residents were assessed as incontinent and requiring the use of incontinence products; -unit B: 31/32 residents were assessed as incontinent and requiring the use of incontinence products; -unit C: 29/32 residents were assessed as incontinent and requiring the use of incontinence products. Overall, out of 100 residents that were assessed as incontinent and requiring the use of incontinence products, 20 residents used pull-ups (provided by family), 6 residents were provided one brief for each shift (plus one extra), 7 residents only used a brief on one or two of the three shift, and the remainder were all provided pads (with mesh panties) of various sizes. None of the residents that used pull-ups were offered or provided pull-ups by the home.

Review of the PCC historical dashboard had a note on April 14, 2015 from the previous RCC indicating, "the use of full briefs will be minimized, due to the increasing costs of products and a set budget from the Ministry, the use of briefs must be minimized, you will be provided with more liners and mesh pants to meet the needs of the residents" and to take effect April 16, 2015. [s.51(2)(f)]

2. The licensee has failed to ensure that residents are provided with a range of continence care products based on their individual assessed needs.

Related to log #033585-15:

Review of the incontinence list in the home indicated:

- resident #003 is to receive yellow pad on days and evenings, and large brief on nights (with one extra yellow pad).
- resident #004 is to receive a extra large brief on all three shifts (with one extra).
- residents #005 is to receive a yellow pad on all three shifts (with one extra).
- resident #006 is to receive a yellow pad on days and evenings, and a large brief on nights and one extra yellow pad.

Review of health record for resident #003 indicated:





- current care plan under urinary continence & toileting requires extensive assistance from staff for cleansing/changing product due to cognitive deficit, impaired mobility, inability to control urination and loss of bladder muscle tone. Interventions included: Liner-Day Plus (Days and Evenings), and large brief on nights.
- Tena product list and observation of product provided indicated yellow pad (Day Plus) on days and evenings, and large brief on nights.
- Continence assessment (two most current): voids more than once per shift, plus bedding at night, and wears yellow liner 4-5 in 24 hrs with one staff assist.

Review of health record for resident #004 indicated:

- current care plan under urinary continence & toileting requires extensive assistance from staff for cleansing/changing product due to inability to control urination, impaired mobility, cognitive deficit, physical limitations, loss of bladder muscle ton, and decreased strength/balance. Interventions included: Liner-Day Plus (Days and Evenings) & large brief on nights. The resident requires extensive assistance from staff for on rounds: 0900-1100, after lunch 1300-1400, after supper 1800-1900, and on round between 2030-2200.
- Tena product list and observation of product provided indicated an XL brief (beige) on each shift.
- Continence assessments (two most current) indicated the resident voids 1x/shift, plus bedding at night and wears large (blue) brief.

Review of the health for resident #005 indicated:

- Current care plan under urinary continence & toileting requires extensive assistance from staff for cleansing/changing product due to cognitive deficit and impaired mobility. Interventions included liner (Day Regular) and medium brief on nights.
- Tena product list and observation of product provided indicated the resident was provided with a yellow (Day Plus) pad.
- Continence assessments (two most current) indicated the resident voids more than once per shift, plus bedding at night, and wears yellow liner.

Review of the health record for resident #006 indicated:

- Current care plan under urinary continence & toileting requires extensive assistance from staff for cleansing/changing product due to related to decreased strength/balance. Interventions included Day Plus (yellow).
- Tena product list and observation of product provided indicated the resident was provided a (yellow) Day Plus pad on days/evenings and large brief on nights.
- Continence assessments (two most current) indicated the resident voids more than once





per shift, plus bedding at night, and wears yellow day plus pad.

Review of the home's policy "Bladder and Bowel Management Program" (revised May 2015) indicated the interdisciplinary team will:

- utilize information gathered in the 3 day voiding, 7 day bowel record completed on admission and following any change in condition that affects continence.
- The continence assessment is completed on all residents that score a 2 or higher on section H 1a or b with any MDS assessment (quarterly) or at any time upon resident change of status "to create an individualized program for each resident".

Interview of S#100, and S#106 & 107 all indicated that when a resident is admitted, the resident has a continence assessment completed to determine continence/toileting needs. They also indicated the Tena change/request form is then completed (on paper) and then submitted to the RCC only if the resident requires an incontinence product. They indicated that the continence assessment is also completed electronically (quarterly). They all had no awareness of 3 day or 7 day assessments and were not aware it was to also be completed with any change in condition. [S. 51(2)(h)(i)]

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**Issued on this 10th day of March, 2016**

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

**Original report signed by the inspector.**