



**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**

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

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 24, 2017	2017_594624_0027	022111-17	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 LINDSAY NURSING HOME
240 MARY STREET WEST LINDSAY ON K9V 5K5

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

BAIYE OROCK (624), CRISTINA MONTOYA (461), SAMI JAROUR (570)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): October 31, November 1, 2, 3, 6, and 7, 2017.

The following logs were inspected concurrently:

Log #019027-17 related to an allegation of improper transfer of a resident

Log #022339-17 related to an allegation of neglect of a resident.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Nutrition Manager, the Environmental Service Manager (ESM), the Physiotherapist, the Activities Department Coordinator, the Resident Assessment Instrument (RAI) Coordinator, the Registered Dietitian (RD), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Housekeepers, Physiotherapy Assistants, the presidents of Resident and Family Councils, residents and family members.

A tour of the home was completed, several observations made of resident to resident interactions, staff to resident interaction during the provision of care, medication administration and dining services. A review was also completed of the residents' health records, the licensee's internal investigation notes, resident council minutes, medication incident reports, professional advisory council (PAC) meeting minutes, as well as relevant policies and procedures related to zero tolerance of abuse and neglect, nutrition and hydration, skin and wound care, continence care, and minimizing of restraints.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Continence Care and Bowel Management

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Residents' Council

Skin and Wound Care



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

1 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 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 its "Monthly Weights" policy, a part of the Nutrition and Hydration Policy.

Under Ontario Regulations. 79/10, s. 68 (2) (c) every licensee of a long-term care home shall ensure that the nutrition and hydration programs include a weight monitoring system to measure and record residents weight with respect to each resident.

According to the Licensee Policy "Monthly Weights," part of the nutrition and hydration policy,

"- All residents are to be weighed monthly by the Health Care Staff on the first bath day of the month.

- If a resident has lost or gained 2.5 kilograms (kg) over a month, a reweigh must immediately or within 48 hours be done by the Health Care staff.

- All residents' weights are to be entered into pointclickcare.com by the 10th of the month by the Nurse Clerk.

- Once the weights have all been entered, the Food Nutritional Manager/Registered Dietitian is responsible to run off a weight exceptions report after the 10th of the month.

- Residents who have lost or gained a significant amount of weight are to be followed up by the Food Nutritional Manager / Registered Dietitian immediately."

During health record reviews conducted on November 2, 2017 by Inspector #461, it was identified that resident #011's weight was entered into Point Click Care (PCC) on two identified dates, indicating a weight difference (loss) of 6.0 kg (10.3%) over one month



period. Review of the resident's records did not indicate that the resident had a re-weigh following the 6.0kg weight variance over the one month period.

On November 3, 2017, during separate interviews with PSW #107, RPN #102, and Nutrition Manager (NM), PSW #107 indicated that residents are weighed on their first bath day of every month and a reweigh is to be completed when a resident has a weight difference between 2 and 4 kg from the previous month. RPN #102 indicated that weights were completed by the PSWs at the beginning of the month and if there is a weight fluctuation of approximately 5 kg, then the resident is reweighed. The NM indicated that typically the Registered Dietitian reviews the resident's weight variances on Point Click Care (PCC) and is expected to assess residents with significant weight changes by the end of each month.

The Resident Care Coordinator (RCC) #110 indicated to Inspector #461 on November 3, 2017, that residents' weights should be done for all residents on their first bath during the first week of the month and entered into PCC by the 10th of each month. The RCC further indicated that if a resident's weight differed by 2.5 kg up or down, a reweigh should be done within 48 hours. The RCC confirmed that resident #011's weight was not entered into PCC by the expected specified date, resident was not reweighed within 48 hours, and was not assessed by the interdisciplinary team.

On November 7, 2017, during separate interviews with the Registered Dietitian (RD) and the Director of Care (DOC), the RD indicated that she was aware of resident #011's significant weight loss on a specified date, but did not complete an assessment as resident's weight in another expected specified date was likely inaccurate. The RD further indicated that resident #011 should have been assessed considering the resident's gradual weight loss since an identified date, over an identified three month period.

The DOC indicated that the home's expectation was to weigh all residents by the 10th of every month, with expectation to reweighed immediately if the weight variance is more than 2.5kg within a month. The DOC indicated that the Licensee's "Monthly Weights" policy was not complied with related to resident #011's in an identified month where the resident was not reweighed after experiencing a weight variance of more than 2.5kg.

The Licensee failed to comply with its "Monthly Weights" Policy by not reweighing resident #011 when the resident had a more than 2.5kg weight variance over a one month period and by failing to document resident #011's weight in PCC by the 10th of



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two identified months. [s. 8. (1) (a),s. 8. (1) (b)]

Issued on this 24th day of November, 2017

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

Original report signed by the inspector.