



**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**

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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
Sep 19, 2016	2016_270531_0030	013437-16	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 MARMORA
58 BURSTHALL STREET P.O. BOX 429 MARMORA ON K0K 2M0

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

SUSAN DONNAN (531), CATHI KERR (641)

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): August 22, 23, 24, 25, 26, 29, 30, 31 and September 1, 2016.

The following logs were completed during this inspection.

Log #026862-16 alleged resident to resident abuse

Log #020553-16 alleged staff to resident abuse

Log #020915-16 alleged resident to resident abuse

Log #022296-16 accommodation services maintenance

Log #022241-16 accommodation service housekeeping and resident care a services

Log #026267-16 nutrition and hydration

During the course of the inspection, the inspector(s) spoke with residents, residents' families, personal support workers, registered practical nurses, registered nurses, the environmental service manager, the food services supervisor, kitchen aides, housekeeping staff, the director of care and the Administrator.

During the course of the inspection the inspectors toured the home, observed resident care and services, reviewed resident health care records, reviewed the reporting and complaints logs, reviewed staffing schedules and appropriate policies and procedures.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Contenance Care and Bowel Management

Dining Observation

Falls Prevention

Infection Prevention and Control

Medication

Pain

Prevention of Abuse, Neglect and Retaliation

Reporting and Complaints

Residents' Council

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

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. 71. Menu planning



Specifically failed to comply with the following:

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :

1. In reference to Log #026267-16 residents having limited food choices.

On August 29, 2016 Inspector #531 observed the lunch meal service in the main dining room from 11:45 to 12:50. Residents were seated in the dining room from 11:45 to 12:15. Service of the noon meal began at 12:15 .

Inspector #531 observed that each resident was served the primary entrée of a turkey sandwich and pasta salad.

Resident # 30 was observed to be sitting looking straight ahead and had not touched his/her meal served at 12:17. PSW #113 approached resident #30 and asked if he/she required assistance. Resident #30 picked up his/her plate attempting to give the plate to PSW #113 and indicated that he/she did not care for the entrée. PSW #113 encouraged resident #30 to taste the entrée and if he/she did not like it she would get him/her something else and left. RN #103 approached resident #30 at 12:23 to see if he/she required assistance and resident #30 told RN #103 that he/she did not care for the entrée. RN #103 told resident #30 that he/she needed to eat something, cut the sandwich in half and left. In a few minutes PSW #113 returned to resident #30 and took the untouched entrée and offered resident #30 a peanut butter sandwich. Resident #30 declined the sandwich.

At this time, resident #30 was served a rhubarb dessert and was observed pushing the dessert away. The DOC approached resident #30 encouraging the resident to eat the dessert. Resident #30 told the DOC he/she would prefer the chocolate chip cookie, which was provided for the resident. Resident #30 was not offered the planned alternative entrée or dessert.

Resident #30 and resident #29 were interviewed and indicated that they were not offered the planned menu items for the noon meal. Resident #29 indicated that residents at one time were offered the planned menu items prior to each meal and had a choice of two entrées and desserts, or could make choices from either option.

Resident #29's table mate resident #31 indicated that the PSW staff at one time came to



each resident at each meal, with show cards of the two entrées and dessert; now residents are served the primary choice. Resident #31 indicated that he/she is well enough that he/she can review the menu items posted outside the dining room and then tell the kitchen staff his/her preference or he/she would also be served the primary choice.

Resident #31 indicated that many of the residents are not capable of reviewing the menu choices that are posted as they have physical, cognitive or visual impairments.

Later the same day resident #06, #24, #25, #27, #32, #05 and #42 were interviewed with regards to being offered planned menu items at each meal. Each individual resident indicated that they are not offered planned menu items prior to each meal. Each indicated that in the past the PSWs would come with show cards of the two choices and take residents choice prior to each meal and then the kitchen staff plated the choices. Resident #42 indicated that stopped last fall. Resident #42 indicated that a letter was read to the resident council about a trial study of a one choice meal and he/she indicated that somewhere along the way the trial became permanent.

Resident # 42 indicated that residents would like to be offered a choice of the planned menu items for each meal and not automatically be served one choice.

Resident #24, #25 and #42 indicated that the alternative entrée is not highlighted at meal time and residents have been advised to review the menu posted outside the dining room. The three residents indicated that they have physical and visual impairment that make it difficult for them to do that.

Residents that were interviewed were not aware of the alternative menu items for the noon meal.

On August 31, 2016 inspector #531 and #641 observed the noon meal service from 11:45 to 12:45.

Both inspectors observed that each resident was not offered the choice of the planned menu items prior to the meal service at 12:15. At the time of the service each resident was automatically served a hotdog and a dish of brown beans.

A hotdog and brown beans were placed in front of resident #32 and #38 without being offered the planned menu items for the meal. When asked by inspector #641 if either of the residents were aware of what was the second option for the meal, they both said no, they didn't. Advised by inspector #641 that it was a hamburger, both residents indicated that they would have preferred the hamburger instead of the hot dog.



On August 29 and 31, 2016 PSW #107, #120, #111, #112, #119 and #126 were interviewed and indicated that residents are not offered the planned menu items at each meal ; they indicated that residents are served the primary choice entrée.

PSW #107 indicated if a resident does not prefer the choice served she offers the resident a peanut butter sandwich as an option. She indicated that residents like peanut butter sandwiches.

PSW #111 indicated that she has only worked at the home for a few months and that residents are served one choice.

PSW #112 and #119 indicated that residents are no longer offered the planned menu items at meal times, residents are served one choice unless they object.

On August 30, 2016 the resident council assistant provided the inspector with a letter that the assistant was instructed to read to the resident council on a specified date. The letter read that as of October 5, 2015 the home would be conducting a "one choice menu" and that the second choice on request, but would not highlight it at the point of service. The residents did not wish to discuss the study when it was read to them.

The Food Services Supervisor (FSS) was interviewed and indicated that the purpose of the study was to save the PSW time offering choices to residents and reduce the waste and the cost of waste at meal times. She indicated that 95 % of the primary choice is cooked and 5% of the alternative. The FSS indicated that the alternative is provided upon request only. The FSS was asked the number of the omelette alternatives that were prepared for the noon meal ; to which she responded that two were prepared for the noon meal. She also indicated that the residents can review the planned menu items posted outside of the dining room. The FSS indicated that residents forgot what they requested when the PSWs did offer the planned menu items with show cards.

Later the same day PSW #126 indicated that two residents in the second dining room did not care for the primary choice. She indicated that she offered the alternative planned menu item for the residents, which arrived for the residents approx. 20-25 minutes later when most residents were finished their entrées. PSW #126 indicated that the kitchen staff have advised her that the cook only prepares a few of the alternatives and run out leaving residents with yogurt, cereal or a peanut butter sandwich.

Subsequently the Administrator was interviewed and acknowledged that residents are



not being offered the planned menu items at each meal and she is currently revising a plan so that the residents are offered the planned menu items at each meal. [s. 71. (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 the planned menu items are offered and available at each meal and snack, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :

1. 1. The licensee has failed to comply with LTCHA 2007, s. 20. (1) whereby the written policy to promote zero tolerance of abuse and neglect of residents was not complied with.

Under O. Reg.79/10 s. 2(1), verbal abuse is identified as any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well being, dignity or self-worth, that is made by anyone other than a resident.

On a specified date Critical Incident System report was submitted to the Ministry of Health and Long Term Care.

On a specified date Personal support worker (PSW) #100 witnessed RPN # 101 in the hall way outside resident #24's room, yelling at resident #24 in a demeaning manner which resulted in emotional distress for resident #24 .



On August 28, 2016 during an interview with PSW #100 she confirmed that the interaction between RPN #101 and resident #24 was loud, demeaning and the RPN called resident #24 "a big mouth". PSW #100 indicated that she informed RPN #101 that the comments were inappropriate and unprofessional and directed her away from resident #24's room. PSW #100 indicated that resident #24 was visibly upset and could not respond. She indicated that she calmed resident #24 prior to reporting the incident to RN #103.

RN #103 was interviewed and confirmed that PSW #100 reported the incident to her that morning. RN #103 indicated that she forgot to immediately report the incident to the Director of Care as per the policy. She indicated that she did not recall the incident until approached by the Administrator the next day.

Review of the "Abuse and Neglect Schedule D page 5 Mandatory Reporting:
Procedure reads:

1)All cases of suspected or actual abuse must be reported immediately in written form to the DON/Administrator. In the absence of management staff, concerns should be reported immediately to the charge nurse, who will notify the management staff on call

Subsequently the Administrator was interviewed and acknowledged that the home's written policy to promote zero tolerance of abuse and neglect of residents was not complied with. [s. 20. (1)]

Issued on this 19th day of September, 2016

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

Original report signed by the inspector.