



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 prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Jan 11, 17, 23, 24, 31, 2012; 2012\_028102\_0005; Other

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

WENDY BERRY (102)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

During the course of the inspection, the inspector(s) spoke with the Director of Care; the Environmental Supervisor; the Food Services Supervisor; several registered nursing staff.

During the course of the inspection, the inspector(s) reviewed the home's written emergency plans provided by staff of the home; reviewed correspondence from the licensee. Note: the on site inspection occurred on January 11, 2012.

The following Inspection Protocols were used during this inspection:

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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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.)  The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.  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. 230. Emergency plans**

**Specifically failed to comply with the following subsections:**

**s. 230. (2) Every licensee of a long-term care home shall ensure that the emergency plans for the home are in writing. O. Reg. 79/10, s. 230 (2).**

**s. 230. (6) The licensee shall ensure that the emergency plans for the home are evaluated and updated at least annually, including the updating of all emergency contact information. O. Reg. 79/10, s. 230 (6).**

**Findings/Faits saillants :**



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1. A written copy of the home's emergency plans are kept at the nursing station. The "Emergency Manual" binder was identified by staff as containing the home's current emergency plans. A second copy of an Emergency Manual binder was provided by the Environmental Supervisor. The content of the 2 binders was compared and identified to be the same for the pages reviewed. "Emergency Food Service Procedures" were obtained from the Food Services Supervisor.
2. The home is equipped with an on site diesel powered generator. The availability or capabilities of the provided generator are not identified in the home's emergency plans which includes a Policy and Procedure with the subject heading "Loss of Power".
3. In correspondence dated November 23, 2011 submitted by the Licensee to the Director under the Act, it is identified that in Caressant Care Marmora "The various wall-mounted power outlets that are connected to the generator would be principally employed for heating purposes, but sufficient capacity would be maintained to operate any additional health support machinery, as needed..." It is further identified that "There are sufficient portable heaters available on premises that would be plugged into the generator powered outlets to maintain comfortable temperatures in the lounge areas and dining room." These actions are not identified in writing in the home's emergency plan which was reviewed in the home on January 12, 2012. The emergency plan specifies that the evacuation procedure will be initiated if temperatures drop to unacceptable levels in the home.
4. In correspondence dated November 23, 2011 submitted by the Licensee of Caressant Care Marmora to the Director under the Act, it is identified that "Marmora has guaranteed access to mobile refrigeration and freezer units that can ensure that food is stored at safe temperatures..." The emergency plans provided for review on January 11, 2012, which included the Policy and Procedure with a subject heading "Emergency Food Service Procedures" does not identify any actions to be taken related to accessing mobile refrigeration units.

The above noted findings demonstrate that the licensee has not ensured that the emergency plans for the home are in writing. [s. 230.(2)]

*Emergency Manual (WB)*

5. A number of Policy and Procedure pages in the contain a "Review Date" box. Hand written dates of "Mar 10" accompanied by "Signature" box hand written initials of "LM" were identified through out the Emergency Manual binder. The date and initials appeared consistently through each of the 2 binders. The "Emergency Numbers" list was also identified as having a review date of "Mar 10".
6. The Policy and Procedure page with the Subject title "Receiving Facility", identified an EFFECTIVE DATE of "May 17, 2010" and the "REVIEW DATE" box remained empty. The evacuation site agreements were dated as follows: Campbellford Memorial Hospital: September 28, 2010; Stirling Manor: October 06, 2010; Sacred Heart of Jesus Parish: September 28, 2010.
7. The Policy and Procedure with a SUBJECT title "Loss of Power" has an EFFECTIVE DATE identified as "May 2009". A Review Date box was not provided on the page.

Based on the above noted findings, emergency plans for the home have not been evaluated and updated at least annually, including the updating of emergency contact information. [s. 230(6)]

**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 emergency plans for the home are evaluated and updated, are in writing and comply with all regulations under O.reg. 79/10, s. 230., to be implemented voluntarily.**



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Issued on this 31st day of January, 2012

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

A handwritten signature in cursive script that reads "Andy Bray". The signature is written in black ink on a white background within a rectangular box.