

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

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Report Date(s) /	Inspecti	
Date(s) du Rapport	No de l'	
Aug 2, 2013	2013_17	

Division de la responsabilisation et de la performance du système de santé Direction de l'amélioration de la performance et de la conformité

> nspection No / lo de l'inspection 013_179103_0026

Log # /Type of Inspection /Registre noGenre d'inspectionO-000508-Complaint1313

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

DARLENE MURPHY (103)

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): June 17, 20, 21, 25, July 9, 17, 2013

During the course of the inspection, the inspector(s) spoke with the Resident Care Coordinator, the Director of Care, the Administrator and Jane Meadus, lawyer representative for the Advocacy Centre for the Elderly (ACE).

During the course of the inspection, the inspector(s) reviewed the following regulated documents: Long Term Care Home Resident Accommodation Agreement, Long Term Care Home Unfunded Services Agreement, Medical Plan of Treatment Consent Form, and Management of Life Threatening Illness, reviewed the lawyer certification letters for the aforementioned regulated documents, and reviewed documentation provided to the home by ACE.

The following Inspection Protocols were used during this inspection: Resident Charges

Findings of Non-Compliance were found during this inspection.

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	

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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.		respect	suit constitue un avis écrit de non- t aux termes du paragraphe 1 de 152 de la LFSLD.	

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 80. Regulated documents for resident

Specifically failed to comply with the following:

s. 80. (1) Every licensee of a long-term care home shall ensure that no regulated document is presented for signature to a resident or prospective resident, a substitute decision-maker of a resident or prospective resident or a family member of a resident or prospective resident, unless,

(a) the regulated document complies with all the requirements of the regulations; and 2007, c. 8, s. 80. (1).

(b) the compliance has been certified by a lawyer. 2007, c. 8, s. 80. (1).

Findings/Faits saillants :



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1. The licensee has failed to comply with LTCHA, 2007 s. 80 (1) whereby the licensee presented for signature regulated documents that did not comply with all the requirements of the regulations.

Resident #1 was admitted to Caressant Care Marmora on an identified date. The regulated document, Long Term Care Home Resident Accommodation Agreement" was presented for signature.

O. Reg 79/10 s. 227 (3) 4, stipulates an agreement relating to basic accommodation or preferred accommodation must be separate from any other agreement and only includes provisions relating to the following:

-if applicable, any reasonable interest charges for missed, incomplete or late payments.

At the time of the resident admission, the Long Term Care Home Resident Accommodation Agreement indicated under 3.1, "Interest at a rate of Prime plus 2% per month will be charged to and payable by the Resident and/or the Resident Representative on any missed, incomplete or late payments of the fees for accommodation commencing thirty days after invoicing.

Prime plus 2% per month is not a reasonable amount of interest.

At the time of admission, the Medical plan of treatment consent form and Management of Life Threatening Illness form was presented for signature.

O. Reg 79/10 s. 227 (6) (a), states a document containing a consent or directive with respect to "treatment" as defined in the Health Care Consent Act, 1996, including a document containing a consent or directive with respect to a "course of treatment" or a "plan of treatment" under that Act, must:

-meet the requirements of that Act, including the requirement for informed consent to treatment under that Act.

"Treatment" under the Health Care Consent Act, 1996 means:

-anything that is done for a therapeutic, preventive, palliative, diagnostic, cosmetic or other health-related purpose, and includes a course of treatment, plan of treatment or community treatment plan, but does not include,

(a) the assessment for the purpose of this Act of a person's capacity with respect to a



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treatment, admission to a care facility or a personal assistance service, the assessment for the purpose of the Substitute Decisions Act, 1992 of a person's capacity to manage property or a person's capacity for personal care, or the assessment of a person's capacity for any other purpose,

(b) the assessment or examination of a person to determine the general nature of the person's condition,

- (c) the taking of a person's health history,
- (d) the communication of an assessment or diagnosis,
- (e) the admission of a person to a hospital or other facility,
- (f) a personal assistance service,
- (g) a treatment that in the circumstances poses little or no risk of harm to the person,

(h) anything prescribed by the regulations as not constituting treatment.

At a minimum, the Medical Plan of Treatment document on its face does not comply with the Health Care Consent Act, 1996 because:

(a) social alcoholic beverages are not considered a treatment and do not belong in such a form; and

(b) the request for the signatory to acknowledge that changes in the resident's health status may occur, that the nursing staff may notify the attending physician/facility physicians of such changes and that the physician may change aspects of the plan of treatment, goes beyond the included consent contemplated by s. 12 of the Health Care Consent Act (HCCA), 1996.

The HCCA, 1996 s. 12 states:

Unless it is not reasonable to do so in the circumstances, a health practitioner is entitled to presume that consent to a treatment includes,

(a) consent to variations or adjustments in the treatment, if the nature, expected benefits, material risks and material side effects of the changed treatment are not significantly different from the nature, expected benefits, material risks and material side effects of the original treatment; and

(b) consent to the continuation of the same treatment in a different setting, if there is no significant change in the expected benefits, material risks or material side effects of the treatment as a result of the change in the setting in which it is administered.

At a minimum, the Management of Life Threatening Illnesses document on its face does not comply with the Health Care Consent Act, 1996 because it directs the family member of a resident to select a course of treatment for the resident facing a life



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threatening situation based on what the family member "believes the resident would choose" if he or she were capable. Substitute decision makers permitted to make treatment decisions under the Health Care Consent Act, 1996 can only provide the known wishes of the resident expressed while the resident was capable to be taken into account in the event of an emergency.

O. Reg 79/10 s. 227 (6) (c) and (d) states a document containing a consent or directive with respect to "treatment" as defined in the Health Care Consent Act, 1996, including a document containing a consent or directive with respect to a "course of treatment" or a "plan of treatment" under that Act, must:

-contain a statement indicating that the consent may be withdrawn or revoked at any time; and

-must set out the text of section 83 of the Act.

LTCHA s. 83 (1) states, "Every licensee of a long term care home shall ensure that no person is told or led to believe that a prospective resident will be refused admission or that a resident will be discharged from the home because,

(a) a document has not been signed;

(b) an agreement has been voided; or

(c) a consent or directive with respect to treatment or care has been given, not given, withdrawn or revoked."

Both the Medical Plan of Treatment Consent and the Management of Life Threatening Illness documents fail to contain a statement indicating that the consent may be withdrawn or revoked at any time and failed to set out the text of section 83 of the Act.

At the time of this inspection, the home was revising the regulated documents under the direction of their lawyers to ensure compliance. [s. 80. (1)]

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 all regulated documents comply with all the requirements of the regulations, to be implemented voluntarily.



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Issued on this 2nd day of August, 2013

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

Darlae Junphy