



**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**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 13, 2015	2015_254610_0045	027374-15	Complaint

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 ON BONNIE PLACE
15 Bonnie Place St Thomas ON N5R 5T8

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

NATALIE MORONEY (610)

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): October 28,29, 2015

This complaint was related to staffing concerns and was completed concurrently with #025442-15

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, Medical Physician, Ward Clerk, two Registered Practical Nurses, one Personal Support Worker and one Health Care Aide.

During the course of this inspection inspector completed interviews and observations. Reviewed relevant health care records policy and procedures and other documentation.

**The following Inspection Protocols were used during this inspection:
Sufficient Staffing**

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

2 WN(s)

2 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 O.Reg 79/10, s. 31. Nursing and personal support services



Specifically failed to comply with the following:

s. 31. (3) The staffing plan must,

(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this

Regulation; O. Reg. 79/10, s. 31 (3).

(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).

(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).

(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).

(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Findings/Faits saillants :



1. The licensee had failed to ensure that the staffing plan:
 - (a) provided for a staffing mix that was consistent with residents' assessed care and safety needs?
 - (d) included a back-up plan for nursing and personal care staffing that addresses situations when staff cannot come to work?

A review of the staffing schedule from October 4, 2015, to October 25, 2015, showed that approximately twenty Personal Support Services (PSW) shifts were not filled or the full complement of hours were not completed for the shifts.

The Point Click Documentation (PCC) showed that nine out of fifteen residents did not receive their scheduled bathing and five of those residents had not received bathing for approximately ten consecutive days in a month.

The Regional Manager confirmed on October 29, 2015, that there was no annual evaluation of the staffing program or staffing plan for reassignments of duties as the program was new to the home and that it was the expectation that the staffing program should be rolled out within the year.

The Director of Care confirmed on October 29, 2015, that they had not been successful maintaining a full staff compliment of PSW's and they had not been able to fill all call in shifts and regular shifts for the PSW's.

The Licensee had failed to ensure that the staffing plan did provide for a staffing mix that was consistent with residents' assessed care and safety needs; and included a back-up plan for personal care staffing that addresses situations when staff cannot come to work.
[s. 31. (3)]



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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 staffing plan did provide for a staffing mix that is consistent with residents' assessed care and safety needs; include a back-up plan for personal care staffing that addresses situations when staff cannot come to work., to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing
Specifically failed to comply with the following:**

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :



1. The Licensee had failed to ensure that each resident of the home had been bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

Point Click Care (PCC) documentation was left blank for nine out of fifteen residents for scheduled weekly methods of bathing.

Two residents did not receive scheduled bathing three times in a month.

Three residents did not receive scheduled bathing two times in a month.

Four residents did not receive scheduled bathing one time in a month.

The Director of Care confirmed on October 29, 2015, that bathing days that are missed are related to direct care staff shifts not being maintained in the home and not being replaced when scheduling conflicts arise.

The Licensee had failed to ensure that the residents of the home had been bathed, at a minimum, of twice a week by the method of his or her choice. [s. 33. (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 that each resident of the home had been bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition, to be implemented voluntarily.



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Issued on this 13th day of November, 2015

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

Original report signed by the inspector.