

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

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

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130, avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Public Copy/Copie du rapport public

| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|--|---|-----------------------------------|--|
| Sep 25, 2020 | 2020_605213_0019 | 017668-20 | Critical Incident System |

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

RHONDA KUKOLY (213)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): September 15, 16, 17, 21, 2020.

**The following intake was completed in this critical incident inspection:
Log #017668-20, related to an incident resulting in a transfer to hospital and a significant change in condition.**

During the course of the inspection, the inspector(s) spoke with the acting Executive Director, the Director of Care, a Registered Nurse, a Registered Practical Nurse, a Physiotherapist, Personal Support Workers, and residents.

The Inspector also observed resident care and reviewed health records, education records, policies and procedures, internal investigation records and other relevant documentation.

**The following Inspection Protocols were used during this inspection:
Personal Support Services**

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

1 WN(s)

0 VPC(s)

1 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>Légende</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. 26. Plan of care
Specifically failed to comply with the following:**

**s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary
assessment of the following with respect to the resident:
7. Physical functioning, and the type and level of assistance that is required
relating to activities of daily living, including hygiene and grooming. O. Reg. 79/10,
s. 26 (3).**

Findings/Faits saillants :

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

1. The licensee has failed to ensure that plans of care for five residents were based on interdisciplinary assessment of residents' physical functioning and the type of assistance that is required relating to transferring.

The home's Policy – "Safe Lifting: Use of Total Lift (A.K.A. Hoyer Lift)" reviewed date May, 2018 stated: "Check the load limit of the lift and the slings. The leg portion of the sling can be attached so that it crosses the body or straight up". There was no direction related to which sling to cross over or hook straight up under which circumstance (and this was not included in assessments or plan of care for residents. There was no policy related to completing assessments to determined sling sizes to be used. The home had no formal process for assessment of sling sizes and no training had been provided prior to the incident related to determining sling size. Staff in the home did not know who was responsible to determine sling sizes. Staff refer to logos in the residents' rooms to know which transfer method and sling size to use.

A) Two staff were transferring resident #001 using a mechanical lift when the resident fell through the opening of the sling to the floor. The resident suffered a significant injury and a significant change in condition. There was no documented assessment related to sling size before or after the incident. There was no assessment of the resident's transfer after the incident. After the incident, the Resident Care Coordinator (RCC) assessed the resident and changed them to a different sling size, however there was no documentation of this assessment. The resident's care plan and Kardex indicated mechanical lift for transfers, but no sling size was indicated. Resident #001 was observed in their wheelchair with the previous size sling underneath them and the logo in their room said the previous size sling.

B) Resident #004 was observed with a sling underneath them in their wheelchair. There was no assessment related to sling size completed. There were no logos related to sling size in their room. The resident's care plan and Kardex indicated mechanical lift for transfers, but no sling size was indicated. A PSW said that the resident used a mechanical lift for transfers but they did not know if the sling being used was the appropriate size to use for the resident, which placed the resident at higher risk of injury.

C) Resident #005 and #007 were observed with slings underneath them in their wheelchairs. There were no assessments related to sling size. There were no logos in the residents' rooms related to transfer, sling size or any care. Both residents used mechanical lifts for transfers. The residents' care plans and Kardexes indicated mechanical lifts for transfers, but no sling sizes were indicated. This placed the residents

at higher risk of injury.

D) Resident #006 was observed with a sling underneath them in their wheelchair. There were no logos in the resident's room related to transfer, sling size or any care. One week after the resident had been admitted, there was no transfer assessment or assessment related to sling size completed. The resident's care plan and Kardex indicated mechanical lift for transfers, but no sling size was indicated. This placed the resident at higher risk of injury.

Sources: Critical Incident report, the home's "Safe Lifting: Use of Total Lift" policy, plans of care and assessments for five residents, observations and staff interviews. [s. 26. (3) 7.]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 25th day of September, 2020

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

Original report signed by the inspector.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : RHONDA KUKOLY (213)

Inspection No. /

No de l'inspection : 2020_605213_0019

Log No. /

No de registre : 017668-20

Type of Inspection /

Genre d'inspection: Critical Incident System

Report Date(s) /

Date(s) du Rapport : Sep 25, 2020

Licensee /

Titulaire de permis : Caressant-Care Nursing and Retirement Homes Limited
264 Norwich Avenue, WOODSTOCK, ON, N4S-3V9

LTC Home /

Foyer de SLD : Caressant Care on Bonnie Place
15 Bonnie Place, St Thomas, ON, N5R-5T8

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Susan Hastings

To Caressant-Care Nursing and Retirement Homes Limited, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # /

No d'ordre : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

1. Customary routines.
2. Cognition ability.
3. Communication abilities, including hearing and language.
4. Vision.
5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.
6. Psychological well-being.
7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.
8. Continence, including bladder and bowel elimination.
9. Disease diagnosis.
10. Health conditions, including allergies, pain, risk of falls and other special needs.
11. Seasonal risk relating to hot weather.
12. Dental and oral status, including oral hygiene.
13. Nutritional status, including height, weight and any risks relating to nutrition care.
14. Hydration status and any risks relating to hydration.
15. Skin condition, including altered skin integrity and foot conditions.
16. Activity patterns and pursuits.
17. Drugs and treatments.
18. Special treatments and interventions.
19. Safety risks.
20. Nausea and vomiting.
21. Sleep patterns and preferences.
22. Cultural, spiritual and religious preferences and age-related needs and preferences.
23. Potential for discharge. O. Reg. 79/10, s. 26 (3).

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order / Ordre :

The licensee must comply with s. 26 (3) of O. Reg. 79/10. Specifically, the licensee must:

1. Develop and implement a process for completing transfer assessments, including sling sizes when applicable; on admission, readmission and on change in condition.
2. Provide training for all staff in the home who have a role in resident transfers, specific to their role, to include the new process for completing transfer assessments and determining sling sizes, documentation of assessments and plans of care regarding transfers and sling sizes, as well as completing mechanical lift transfers and the use of appropriate slings.
3. Document the training completed, the staff who attended and the dates training was completed, to ensure that all applicable staff completed the training.
4. Ensure that residents #001, #002, #003, #004, #005, #006 and #007 have current transfer assessments with sling size assessments completed and documented.
5. Ensure that residents #001, #002, #003, #004, #005, #006 and #007's care plans, kardexes and logos in resident rooms include direction for staff regarding their level of assistance required for transfer including sling size when applicable, that is consistent with assessments completed.
6. Perform weekly audits of assessments of transfer and sling sizes, care plans, kardexes, logos in resident rooms and slings in use for residents, to ensure that direction is provided, is consistent with assessments completed, and is being implemented as directed.
7. Document the audits and continue auditing until no further concerns arise with transfer and sling size assessments, direction for staff related to transfer and sling size, and slings used, in accordance with the home's process.

Grounds / Motifs :

1. The licensee has failed to ensure that plans of care for five residents were based on interdisciplinary assessment of residents' physical functioning and the type of assistance that is required relating to transferring.

The home's Policy – "Safe Lifting: Use of Total Lift (A.K.A. Hoyer Lift)" reviewed date May, 2018 stated: "Check the load limit of the lift and the slings. The leg portion of the sling can be attached so that it crosses the body or straight up". There was no direction related to which sling to cross over or hook straight up

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Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

under which circumstance (and this was not included in assessments or plan of care for residents. There was no policy related to completing assessments to determined sling sizes to be used. The home had no formal process for assessment of sling sizes and no training had been provided prior to the incident related to determining sling size. Staff in the home did not know who was responsible to determine sling sizes. Staff refer to logos in the residents' rooms to know which transfer method and sling size to use.

A) Two staff were transferring resident #001 using a mechanical lift when the resident fell through the opening of the sling to the floor. The resident suffered a significant injury and a significant change in condition. There was no documented assessment related to sling size before or after the incident. There was no assessment of the resident's transfer after the incident. After the incident, the Resident Care Coordinator (RCC) assessed the resident and changed them to a different sling size, however there was no documentation of this assessment. The resident's care plan and Kardex indicated mechanical lift for transfers, but no sling size was indicated. Resident #001 was observed in their wheelchair with the previous size sling underneath them and the logo in their room said the previous size sling.

B) Resident #004 was observed with a sling underneath them in their wheelchair. There was no assessment related to sling size completed. There were no logos related to sling size in their room. The resident's care plan and Kardex indicated mechanical lift for transfers, but no sling size was indicated. A PSW said that the resident used a mechanical lift for transfers but they did not know if the sling being used was the appropriate size to use for the resident, which placed the resident at higher risk of injury.

C) Resident #005 and #007 were observed with slings underneath them in their wheelchairs. There were no assessments related to sling size. There were no logos in the residents' rooms related to transfer, sling size or any care. Both residents used mechanical lifts for transfers. The residents' care plans and Kardexes indicated mechanical lifts for transfers, but no sling sizes were indicated. This placed the residents at higher risk of injury.

D) Resident #006 was observed with a sling underneath them in their wheelchair. There were no logos in the resident's room related to transfer, sling

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

size or any care. One week after the resident had been admitted, there was no transfer assessment or assessment related to sling size completed. The resident's care plan and Kardex indicated mechanical lift for transfers, but no sling size was indicated. This placed the resident at higher risk of injury.

Sources: Critical Incident report, the home's "Safe Lifting: Use of Total Lift" policy, plans of care and assessments for five residents, observations and staff interviews.

An order was made by taking the following factors into account:

Severity: There was actual harm because resident #001 fell out of a lift resulting in a significant change in condition. Residents #001, #004, #005, #006 and #007 were at actual risk of harm as they were not assessed for sling size, there was no direction for staff related to sling size to be used and resident #006 had not had a transfer assessment. There was no policy or process related to the assessment of sling size in the home.

Scope: Out of the seven residents reviewed, all seven residents did not have an assessment of the size of sling required. Four did not have a plan of care related to their sling size, and one did not have an assessment related to transfer, demonstrating widespread non-compliance.

Compliance History: The home has no non-compliance related to this sub-sections of the legislation in the past 36 months. (213)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Nov 06, 2020

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
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Care Homes Act, 2007*, S.O.
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
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Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 25th day of September, 2020

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : RHONDA KUKOLY

Service Area Office /

Bureau régional de services : London Service Area Office