



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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

**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**

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 public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 15, 2017	2017_536537_0040	012201-17	Follow up

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 MARY BUCKE
4 MARY BUCKE STREET ST. THOMAS ON N5R 5J6

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

NANCY SINCLAIR (537)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): October 12, 2017

This inspection was conducted as a follow up to compliance order #001 from Resident Quality Inspection #2017_606563_0009 related to the home's Pain Assessment policy being complied with.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Nursing (DON), the Resident Assessment Instrument (RAI) Coordinator, and a Registered Nurse.

The inspector(s) also reviewed relevant policies and procedures, clinical records and plans of care for identified residents, training and training records provided to staff.

**The following Inspection Protocols were used during this inspection:
Pain**

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

2 WN(s)

1 VPC(s)

1 CO(s)

1 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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

O. Reg. 79/10, s. 30 (1). states that every licensee shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

O. Reg. 79/10, s. 52 (1) states that the pain management program must, at a minimum, provide for the following:

4. Monitoring of residents' response to, and the effectiveness of, the pain management strategies.

On May 29, 2017, during the Resident Quality Inspection (RQI), #2017_606563_0009, Compliance Order (CO) #001 was issued and ordered the licensee to take action to achieve compliance by ensuring that the home's policy "Pain Assessment" was complied with. This order was to be complied on July 28, 2017.

CO #001, issued in inspection #2017_606563_0009 stated:

" Specifically, the licensee will:

a) Ensure a Pain Assessment is completed when:

- a resident's pain is not relieved by initial interventions
 - a new pain medication is initiated,
 - a resident exhibits behaviour that may herald the onset of pain,
 - a resident complains of pain of 4 or greater,
 - a resident exhibits distress related behaviours or facial grimace,
 - a resident/family/staff/volunteers indicate pain is present,
 - a resident has new or worsening pain or if a resident indicates pain is present,
- and
- a resident who scores a two or higher on any RAI MDS assessment under section J2 2.

b) Ensure the Pain Assessment policy is evaluated and updated.

c) Ensure that all direct care staff receive education related to the Pain"



The home's "Pain Assessment" policy, last revised May 2015, stated the following:

"1. Caressant Care (CC) recognizes the Resident Assessment Instrument (RAI) Minimum Data Set (MDS) as a comprehensive assessment. Residents who score a two (2) or higher on any MDS RAI assessment under section J2 will have a further pain assessment completed using the Caressant Care Pain assessment Tool on Point Click Care (see Appendix A). This assessment will also be utilized when: a new medication is initiated, a resident exhibits behaviour that may herald the onset of pain, a resident complains of pain of 4 or greater, a resident exhibits distress related behaviours or facial grimace, a resident/family/staff/volunteers indicate pain is present."

A)The current plan of care for an identified resident included an "Actual problem/potential problem of Pain."

Record review for the resident noted an order written for a change in the resident's pain medication.

The Resident Assessment Instrument Coordinator (RAI-C) stated that when there was a change in the pain medication for a resident, there should be a corresponding pain assessment completed. RAI-C stated that there was a pain assessment tool in Point Click Care, and that the home's Nurse Practitioner had also recently been ordering a pain assessment to be completed by recording a numerical pain value in Point Click Care to evaluate and assess the pain of the resident related to the use of pain medication.

RAI-C reviewed the clinical record for the resident and there was no documented evidence that a pain assessment had been completed using any method for the resident with the use of medication for pain management. A pain assessment had not been completed for the resident.

The Director of Nursing (DON) acknowledged that a pain assessment was to be completed in PCC according to the home's policy.

B)Review of the staff sign in sheet related to pain education in June 2017, documented that one registered staff had not received the education related to the pain assessment policy.

The DON stated that there was a registered staff member who was had not been trained on the pain assessment policy, and that all front line staff should be trained.



The licensee has failed to ensure that the Pain Assessment policy was complied with for all residents and the licensee has failed to ensure that all direct care staff received education related to the Pain Assessment policy.

The severity was determined to be a level 1 as there was minimal risk to residents. The scope of this issue was isolated during the course of this inspection. There was a compliance history of this legislation being issued in the home on May 29, 2017, as a Compliance Order (CO) in the Resident Quality Inspection (RQI) #2017_606563_0009 with a compliance date of July 28, 2017; issued on February 16, 2016, as a Compliance Order (CO) in the Resident Quality Inspection (RQI) #2016_326569_0005 with a compliance date of April 18, 2016, and issued on June 11, 2015 as a Written Notification (WN) in the RQI #2015_355588_0015. [s. 8. (1) (b)]

Additional Required Actions:

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".
DR # 001 – The above written notification is also being referred to the Director for further action by the Director.***

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

- s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
 - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the plan of care was reviewed and revised when the resident care needs changed.

The current care plan for an identified resident stated that the resident had an "Actual problem/potential problem of Pain ", with an intervention of "Administer pain medication as per MD", and included a specific pain medication regime.

A new order had since been written for the resident that indicated a change in the pain medication routine, and was different from that noted in the current plan of care.

The Director of Nursing (DON) shared that the care plan for the resident had not been updated and revised when the care needs of the resident changed.

The severity was determined to be a level 1 as there was minimal risk to residents. The scope of this issue was isolated during the course of the inspection. There was a compliance history of this legislation being issued in the home on June 11, 2015 as a Voluntary Plan of Correction (VPC) in the RQI #2015_355588_0015. [s. 6. (10) (b)]

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 plan of care is reviewed and revised when the resident care needs change, to be implemented voluntarily.

Issued on this 17th day of November, 2017

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



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Original report signed by the inspector.



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Order(s) of the Inspector

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

**Division des foyers de soins de longue durée
Inspection de soins de longue durée**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : NANCY SINCLAIR (537)

Inspection No. /

No de l'inspection : 2017_536537_0040

Log No. /

No de registre : 012201-17

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Nov 15, 2017

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 MARY BUCKE
4 MARY BUCKE STREET, ST. THOMAS, ON, N5R-5J6

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Kori Amon

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

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

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

Order # /

Ordre no : 001

Order Type /

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

Linked to Existing Order /

Lien vers ordre existant: 2017_606563_0009, CO #001;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Order / Ordre :

The licensee must achieve compliance to ensure that the home's policy "Pain Assessment" is complied with.

Specifically, the licensee will:

a) Ensure a Pain Assessment is completed when:

- a resident's pain is not relieved by initial interventions
- a new pain medication is initiated,
- a resident exhibits behaviour that may herald the onset of pain,
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- a resident exhibits distress related behaviours or facial grimace,
- a resident/family/staff/volunteers indicate pain is present,
- a resident has new or worsening pain or if a resident indicates pain is present, and
- a resident who scores a two or higher on any RAI MDS assessment under section J2 2.

b) Ensure that all direct care staff receive education related to the Pain Assessment policy.

c) All residents receive a pain assessment with the initiation of a new medication.

Grounds / Motifs :

Order(s) of the Inspector

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Ordre(s) de l'inspecteur

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been trained on the pain assessment policy, and that all front line staff should be trained.

The licensee has failed to ensure that the Pain Assessment policy was complied with for all residents and the licensee has failed to ensure that all direct care staff received education related to the Pain Assessment policy.

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This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Dec 29, 2017



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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 Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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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:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and 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.



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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 de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416 327-7603



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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)
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 2T5

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et 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 15th day of November, 2017

**Signature of Inspector /
Signature de l'inspecteur :**



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et
des Soins de longue durée**

Order(s) of the Inspector

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*

Name of Inspector /

Nancy Sinclair

Nom de l'inspecteur :

Service Area Office /

Bureau régional de services : London Service Area Office