



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

**Rapport d'inspection
prevue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

Division de la responsabilisation et de la performance du
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
August 19, 2010	2010_170_2627_19Aug 111744	Complaint (L-00409)
Licensee/Titulaire Caessant-Care Nursing and Retirement Homes Limited, 264 Norwich Avenue, Woodstock, ON N4S 3V9		
Long-Term Care Home/Foyer de soins de longue durée Caessant Care on Mary Bucke, 4 Mary Bucke Street, St. Thomas, Ontario N5R 5J6		
Name of Inspector(s)/Nom de l'inspecteur(s) Dianne Wilbee (ID# 170), Marian Mac Donald (ID# 137)		

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector(s) spoke with: Administrator, Director of Care, Wound Care Nurse, Personal Support Workers, Cook.

During the course of the inspection, the inspector(s): The resident was interviewed and assessed, staff interviewed, observation of resident care, review of resident file and applicable documentation (hard copy and computer), observation of meal service, observation of nourishment service.

The following Inspection Protocols were used in part or in whole during this inspection:

- Skin and Wound Care
- Continence Care and Bowel Management
- Nutrition and Hydration

5 Finding of Non-Compliance was found during this inspection. The following action was taken:

- 5 WN
- 1 VPC

NON- COMPLIANCE / (Non-respectés)
Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le suivant constituer un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

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.)

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with: LTCHA, 2007, S.O. 2007, c.8, s.6 (1)(c)
 Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident.

Findings:

The written plan of care for a resident with a skin care problem included a discontinued intervention and there were no interventions to manage the resident's discomfort from the skin problem. In addition, an elimination problem was not identified on the written plan of care for the resident.

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WN #2: The Licensee has failed to comply with: LTCHA, 2007, S.O. 2007, c.8, s.6 (10)(b)
 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, the resident's care needs change or care set out in the plan is no longer necessary.

Findings:

An identified resident's individual plan of care was not reviewed and revised when the resident's care needs changed.

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WN #3: The Licensee has failed to comply with: O. Reg. 79/10, s.51(2)(a)
 Every licensee of a long-term care home shall ensure that, each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence.

Findings:

The most recent continence assessment identify causal factors, patterns, type of incontinence and potential to restore function with specific interventions for the ongoing problem.

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WN #4: The Licensee has failed to comply with: O. Reg. 79/10, s.51(2)(b)
Every licensee of a long-term care home shall ensure that, each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented.

Findings:

The plan of care does not identify a specific toileting routine for an identified resident.

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WN #5: The Licensee has failed to comply with: O. Reg. 79/10, s.8(1)(b)
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, and is complied with.

Findings:

The home's policy which identifies only registered staff are to provide foot care such as toe nail cutting to residents who have diabetes was not followed.

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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 with the home's foot care policy, to be implemented voluntarily.

Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division
representative/Signature du (de la) représentant(e) de la Division de la
responsabilisation et de la performance du système de santé.

Dianne Shelton

Title: **Date:**

Date of Report (if different from date(s) of inspection).
September 7, 2010