



**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**

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

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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 12, 2013	2013_179103_0008	O-000059- 13, O- 000077-13	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 MCLAUGHLIN ROAD
114 McLaughlin Road, LINDSAY, ON, K9V-6L1**

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

DARLENE MURPHY (103)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): February 4-7, 2013

A total of 5 complaints were conducted during this inspection. 4 of the complaints were logged under #O-000059-13 and 1 complaint was logged under #O-000077-13.

During the course of the inspection, the inspector(s) spoke with Registered Practical Nurses, Registered Nurses, Personal Support Workers, an Activity aide, Family members, a Nurse Practitioner, a Police Constable, the Director of Care and the Administrator.

During the course of the inspection, the inspector(s) reviewed resident health care records, observed resident care, and reviewed the home's abuse policy.

The following Inspection Protocols were used during this inspection: Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

- WN – Written Notification
- VPC – Voluntary Plan of Correction
- DR – Director Referral
- CO – Compliance Order
- WAO – Work and Activity Order

Legendé

- WN – Avis écrit
- VPC – Plan de redressement volontaire
- DR – Aiguillage au directeur
- CO – Ordre de conformité
- WAO – Ordres : travaux et activités



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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :



1. The licensee has failed to comply with LTCHA, 2007 s. 20 (1) whereby the written policy to promote zero tolerance of abuse and neglect of residents was not complied with.

The home Policy and Procedure for Abuse and Neglect, titled, "Abuse and Neglect- Staff to Resident, Family to Resident, Resident to Resident, Resident and/or Family to Staff", effective date April 2012 was reviewed.

Within the policy under "Prevention of abuse: New Resident", the policy indicates, "there will be a system in place in each facility to identify residents at high risk to be abusive and staff will use the team conference forum to develop care plans which will include a gradual progression of measure to prevent escalation of aggressive behaviors."

In an interview with Administrator, Paul Ludgate, he indicated the home currently does not have this system in place. He further advised this would be a priority to develop and viewed the system as important in ensuring timely and accurate communication especially when the home experiences changes in staff and management. [s. 20. (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 there is a system in place to identify residents at high risk to be abusive and to develop care plans which will include a gradual progression of measure to prevent escalation of aggressive behaviours, to be implemented voluntarily.

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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :



1. The licensee has failed to comply with LTCHA, 2007 s. 6 (7) whereby the care set out in the plan of care was not provided to the resident as specified in the plan.

Resident #1 was allegedly involved in a resident to resident abuse on an identified date. As a result, the home implemented interventions to ensure the safety of all residents. One of the interventions implemented was to provide close monitoring with identified time increments.

A review of the documentation of the monitoring was completed for an identified period of time. The documentation and a staff interview indicated the care was not always being provided as specified in Resident #1's plan of care.

**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8.
Nursing and personal support services**

Specifically failed to comply with the following:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :



1. The licensee has failed to comply with LTCHA, 2007 s. 8 (3) whereby the home did not ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home was on duty and present in the home at all times, except as provided for in the regulations.

During the month of December 2012, the home did not have Registered Nurse coverage for the following dates and shifts:

Twelve hour night shifts for December 14, 15, and 16, 2012,

A twelve hour day shift for December 21, 2012,

An eight hour evening shift for December 30, 2012,

A Twelve hour night shift for January 7, 8, 11, 17, 2013,

A twelve hour day shift and an eight hour evening shift for January 9, 2013,

An eight hour night shift for January 12, 2013,

A twelve hour day shift for January 17, 18, 19, 2013 and

An eight hour day and evening shift for January 20, 2013.

In an interview with Kelly Burns, Director of Care (DOC), the home was actively interviewing and hiring Registered Nurses during this time, but continued to experience an inability to cover all of the vacancies as a result of illness, Registered Nurse vacation and termination of employment. The DOC and the Resident Care Coordinator were covering some of the shift shortages and the DOC was covering off site by an on call basis for the remainder of the shifts.

The home has hired a permanent Registered Nurse and has been compliant with providing 24/7 coverage as of January 28, 2013. [s. 8. (3)]



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Issued on this 12th day of February, 2013

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

A handwritten signature in cursive script that reads "Darlene Murphy".

