

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

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## Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	_	Type of Inspection / Genre d'inspection
Jun 19, 2013	2013_220111_0008	000318	Other

## 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 LYNDA BROWN (111)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): May 29 & 30, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of care (DOC), one Registered Practical Nurse (RPN), one Personal Support Worker (PSW), and one resident.

During the course of the inspection, the inspector(s) observed residents, resident rooms, reviewed health records for two residents, reviewed staff schedules, reviewed the homes policies for prevention of resident abuse and responsive behaviours.

The following Inspection Protocols were used during this inspection:



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**Critical Incident Response** 

Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES			
Legend	Legendé		
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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 O.Reg 79/10, s. 53. Responsive behaviours



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## Specifically failed to comply with the following:

- s. 53. (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:
- 1. Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other. O. Reg. 79/10, s. 53 (1).
- 2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours. O. Reg. 79/10, s. 53 (1).
- 3. Resident monitoring and internal reporting protocols. O. Reg. 79/10, s. 53 (1).
- 4. Protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 53 (1).

Findings/Faits saillants:



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1.Interview of the DOC indicated the home has a program in place to manage residents with responsive behaviours which is the BSO(Behavioural Supports Ontario) team who manages residents exhibiting responsive behaviours or at risk to be abusive.

Interview of the BSO team member (RPN) indicated the team consists of an RPN (lead) and a PSW. The RPN works full-time (Monday to Friday), and has a daily review with each unit to discuss any residents with responsive behaviours. The RPN makes observations of the residents exhibiting responsive behaviours and recommends assessments for staff to complete, documents this information on the resident's chart under "BSO Note" and updates the resident's care plans. The RPN indicated consults are also completed as requested by the physician for Ontario Shores for further assessment. Indicated the home currently does not have any residents with inappropriate sexual behaviour.

Review of the home's current policies regarding responsive behaviours included:

- -BSO (Behavioural Supports Ontario)"draft" recommendations for core competencies for staff working with Behaviourally Complex Population.
- -Managing an Aggressive/Violent Resident: "Code White" (Revised May 2009).
- -Responsive Behaviour Audit Tool.
- -Behavioural Documentation: how to document a behaviour progress note (revised March 2003).

The home currently does not have a written approach developed to meet the needs of residents with responsive behaviours in place that provides:

- -approaches to care, including screening protocols, assessment, reassessment
- -identification of behavioural triggers that may result in responsive behaviours
- -strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours, resident monitoring and internal reporting protocols. [s. 53. (1)]



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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 home has developed a written approach to care, for residents with responsive behaviours that identifies screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, written strategies, including techniques and interventions to prevent, minimize, or respond to responsive behaviours, resident monitoring and internal reporting protocols and referral to specialized resources where required, to be implemented voluntarily.

Issued on this 28th day of June, 2013

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