



**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**

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

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

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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
Oct 29, 2014	2014_303563_0045	004837-14, 005061-14	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 WOODSTOCK NURSING HOME
81 FYFE AVENUE, WOODSTOCK, ON, N4S-8Y2

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

MELANIE NORTHEY (563)

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): October 16, 2014

During the course of the inspection, the inspector(s) spoke with the Director of Nursing, Assistant Director of Care, one Physiotherapy Assistant, one Registered Practical Nurse, and three Personal Support Workers.

During the course of the inspection, the inspector(s) made observations, reviewed the home's investigation notes, health records, education records, new staff orientation program and other relevant documentation.

The following Inspection Protocols were used during this inspection:



**Hospitalization and Change in Condition
Personal Support Services
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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 218. Orientation For the purposes of paragraph 11 of subsection 76 (2) of the Act, the following are additional areas in which training shall be provided:

- 1. The licensee's written procedures for handling complaints and the role of staff in dealing with complaints.**
- 2. Safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibilities.**
- 3. Cleaning and sanitizing of equipment relevant to the staff member's responsibilities. O. Reg. 79/10, s. 218.**

Findings/Faits saillants :



1. The licensee failed to ensure that no person performs their responsibilities before receiving training in the safe and correct use of mechanical lifts that is relevant to the staff member's responsibilities.

Record review of the home's investigation notes revealed two Personal Support Worker (PSWs) improperly transferred a resident resulting in an injury.

Record review of the "Orientation Checklist-Quiz/Acknowledgement Returned" form revealed the PSW involved did not complete the "Safe Lifting Techniques Quiz" and the "Orientation Checklist - Personal Support Worker" form for training in the use of Sit-Stand Lift, use of Sling Lift and use of Tub lift was not signed as reviewed by the instructor. The Assistant Director of Nursing (ADON) and the DON confirmed both the quiz and the checklist should be completed as part of the orientation.

Staff interview with PSW revealed he/she received 3 scheduled shifts of orientation "buddied" with another PSW. The PSW confirmed he/she did not receive training in the use of Sit-Stand lift, Sling lift and Tub lift as outlined on the Orientation Checklist. PSW shared he/she only received this hands on training after the incident to ensure proper positioning of the sling and use of the mechanical lift.

The Director of Nursing (DON) could not confirm if PSWs received lift and transfer training during one on one orientation buddied with another PSW during a regular shift. There was no documented evidence in the employee education records for three PSWs that training in the use of mechanical lifts occurred. The DON confirmed it is the home's expectation that all PSW staff are trained in the safe and correct use of mechanical lifts before performing their responsibilities. [s. 218. 2.]

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 no person performs their responsibilities before receiving training in the safe and correct use of mechanical lifts that is relevant to the staff member's responsibilities, to be implemented voluntarily.



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Issued on this 29th day of October, 2014

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