

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

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

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 23, 2021	2021_898541_0011	016396-21, 016468-21	Complaint

Licensee/Titulaire de permis

Carveth Nursing Home Limited
375 James Street Gananoque ON K7G 2Z1

Long-Term Care Home/Foyer de soins de longue durée

Carveth Care Centre
375 James Street Gananoque ON K7G 2Z1

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

AMBER LAM (541)

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): December 14-17, 2021

Two logs were inspected:

One log related to concerns of staffing, responsive behavior, food quality and infection control

One log related to concerns of staff to resident abuse, medication administration and resident care planning

During the course of the inspection, the inspector(s) spoke with the Director of Care, the Nutrition Care Manager, the Activity Director, a Registered Nurse, Registered Practical Nurses, Personal Support Workers and Residents. In addition the inspector reviewed resident health care records, observed staff to resident interactions and completed an infection prevention and control checklist.

The following Inspection Protocols were used during this inspection:

Continance Care and Bowel Management

Food Quality

Infection Prevention and Control

Medication

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Sufficient Staffing

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

2 WN(s)

2 VPC(s)

0 CO(s)

0 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>Légende</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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

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 staff involved in continence care for two residents collaborated with each other in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

A resident's plan of care provided specific direction to staff related to continence care. A PSW who regularly cares for the resident stated the care identified in the plan of care is not how they provide care to the resident. Another PSW also stated the care they provide the resident is different from what is in the plan of care and is also different than the care provided by the first PSW.

Another resident's plan of care for continence provided specific directions to staff. One PSW stated the care they provide the resident is different from that in the plan of care. An RPN stated they did not believe the care noted in the plan of care was what was provided to the resident. Another PSW also stated the care they provide the resident differs from that in the plan of care and also differs from the care provided by the first PSW.

The continence and toileting plans of care for two residents were not consistent with the

care that was provided. Furthermore, the care provided to the residents related to continence care differs between PSW staff.

Sources: Interviews with PSWs, an RPN and the plans of care for two residents. [s. 6. (4) (b)]

2. The licensee has failed to ensure that a resident's continence care plan was updated when their care needs changed.

A resident's continence plan of care in effect from June 2020 until a date in late 2021 provided specific direction to staff related to the resident's care. PSW staff who work regularly with the resident stated the resident had not received this care since prior to March 2020. The Director of Care indicated it had been quite some time since the resident had required the continence care as noted in the plan of care.

The resident's continence plan of care was not updated to indicate their care needs changed until late 2021.

Sources: Interviews with two PSWs, interview with the Director of Care and review of a resident's plan of care. [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 staff involved in continence care collaborate with each other in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. The licensee shall also ensure residents continence plans of care are updated when their care needs change, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services

Specifically failed to comply with the following:**s. 31. (3) The staffing plan must,**

(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).

(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).

(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).

(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).

(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the staffing plan provides for a staffing mix that is consistent with residents' assessed care and safety needs, promotes continuity of care by minimizing the number of different staff members who provide nursing and personal support services, includes a backup plan that addresses when registered staff cannot come to work and that it gets evaluated and updated at least annually.

Inspector requested the licensee's staffing plan from the Director of Care. Inspector was provided with a document titled "Incomplete staffing complement contingency plan" and was told this was the only document considered to be the staffing plan. The plan does not have the required information as noted above.

Inspector requested a copy of the licensee's evaluation of the staffing plan. A document was provided indicating the last review of the staffing plan was completed on January 8, 2019.

Source: Review of the licensee's staffing plan, documentation of the staffing plan evaluations and interview with the Director of Care. [s. 31. (3)]

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 the staffing plan provides for a staffing mix that is consistent with residents' assessed care and safety needs, promotes continuity of care by minimizing the number of different staff members who provide nursing and personal support services, includes a backup plan that addresses when registered staff cannot come to work and that it gets evaluated and updated at least annually, to be implemented voluntarily.

Issued on this 7th day of January, 2022

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

Original report signed by the inspector.