



Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

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

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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Apr 23, 24, 25, 26, 30, May 1, 2, 2012 | 2012_051106_0011 | Critical Incident

Licensee/Titulaire de permis

BOARD OF MANAGEMENT OF THE DISTRICT OF NIPISSING EAST 400 Olive St., NORTH BAY, ON, P1B-6J4

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

CASELLHOLME 400 OLIVE STREET, NORTH BAY, ON, P1B-6J4

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

MARGOT BURNS-PROUTY (106), GAIL PEPLINSKIE (154)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Manager of Clinical Standards, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal support Workers (PSW), Physiotherapist Assistant (PTA), Purchasing and Inventory Staff member, Family members and Residents

During the course of the inspection, the inspector(s) conducted a walk-through of resident home areas and various common areas, observed care provided to residents in the home and reviewed resident health care records

The following Inspection Protocols were used during this inspection:

Falls Prevention

Minimizing of Restraining

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

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.) 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following subsections:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

- (a) the planned care for the resident;**
- (b) the goals the care is intended to achieve; and**
- (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

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**
- (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. (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).

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;**
- (b) the resident's care needs change or care set out in the plan is no longer necessary; or**
- (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

Findings/Faits saillants :

1. The plan of care for a resident identifies, "LOCOMOTION ON/OFF UNIT: LIMITED ASSISTANCE x 1 staff" and "MOBILITY - Independent with walker". These interventions do not provide clear direction as to the amount of assistance that is required by the resident, in regards to their mobility needs. The licensee failed to ensure that the plan of care sets out clear directions to staff and others who provide direct care to the resident. [LTCHA, 2007, S. O. 2007, c. 8, s. 6 (1) (c)]
2. The RAI MDS assessment dated February 22, 2012, identifies that resident's primary mode of locomotion is a wheelchair, where as, the resident's plan of care states, "MOBILITY - Independent with walker". Two PSWs interviewed on April 26, 2012, reported that the resident walks with their 4-wheeled walker and requires assistance if they are "feeling weak." The licensee failed to ensure that staff and others involved in the different aspects of care of the resident collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other. [LTCHA, 2007, S. O. 2007, c.8, s. 6 (4) (a)]
3. The quarterly RAI MDS assessment dated April 5, 2012 for a resident identifies, bed mobility: extensive assistance, two + person physical assist and transfer: total dependence, two + person physical assist. The Kardex and Plan of Care for the resident indicates, "Transferring EXTENSIVE ASSISTANCE, SIT/STAND LIFT - 2 STAFF" and "BED MOBILITY: LIMITED ASSISTANCE x 1 staff". The licensee failed to ensure that staff and others involved in the different aspects of care of the resident collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other. [LTCHA, 2007, S. O. 2007, c. 8, s. 6 (4) (a)]
4. The quarterly RAI MDS assessment for a resident indicates that for transfers and bed mobility they require the physical assistance of 2 staff persons. A mandatory report submitted to the ministry, identifies that the resident's plan of care states, "two person for hs care". Inspector 106 reviewed the home's investigation of the incident and it was recorded that a PSW provided hs care to the resident alone, between 1930 h and 2000 h on February 7, 2012. The licensee failed to ensure that the care set out in the plan of care provided to the resident as specified in the plan. [LTCHA, 2007, S. O. 2007, c. 8, s. 6 (7)]
5. The current plan of care for a resident indicates, "LOCOMOTION ON/OFF UNIT: independent. Resident now uses wheelchair" and "Uses CH spare w/c a majority of the time." The Kardex for the resident indicates, "LOCOMOTION ON/OFF UNIT: Independent. Resident now uses wheelchair". Two PSWs and the resident report that the resident no longer uses a wheelchair to locomote on and off the unit and they currently uses a 4 wheeled walker. The licensee failed to 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. [LTCHA, 2007, S. O. 2007, c. 8, s. 6 (10) (b)]
6. Inspector reviewed the plan of care for a resident dated 18/04/12. Plan of care identifies "NO TOILETING required" under Toileting Focus and under "potential to restore function" both bladder and bowel it identifies "scheduled toileting program, resident to be toileted at 0730, 1030, 1330, 1530, 1830, 2130, 0200 and on request". Under "Risk for falls" it identifies the use of wheelchair and 15 lb pressure buckle restraint. Inspector 154 interviewed a PSW regarding this restraint and was told staff now use a Broda chair with a positioning pelvic belt and that their care needs changed in the past 2-3 weeks related to risk for falls. Inspector observed this chair and belt in use. Plan of care identifies the resident to be "non weight bearing until further notice" due to fracture. This is identified under Transferring focus. Under Activity Program care plan identifies "strolls/walks AM" which does not address the current care needs of the resident. The licensee failed to 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. [LTCHA, 2007, S. O. 2007, c. 8, s. 6 (10) (b)]
7. Plan of care reviewed by inspector for a resident identified that they are "non weight bearing until further notice". A PSW told the inspector that staff toilet the resident when they ask and usually around lunchtime. Inspector asked PSW how staff toilet the resident and the PSW identified that 2 staff stand the resident in their bathroom and toilet them. PSW identified that they have to toilet the resident because they ask and ask. The licensee failed to ensure that the care set out in the plan of care provided to the resident as specified in the plan. [LTCHA, 2007, S. O. 2007, c. 8, s. 6 (7)]
8. Inspector reviewed the plan of care for a resident. Plan of care identifies "NO TOILETING required" under Toileting Focus and under "potential to restore function" both bladder and bowel it identifies "scheduled toileting program, resident to be toileted at 0730, 1030, 1330, 1530, 1830, 2130, 0200 and on request". Under "Risk for falls" it identifies the use of wheelchair and 15 lb pressure buckle restraint. Inspector 154, interviewed a PSW regarding this restraint and was told staff now use a Broda chair with a positioning pelvic belt. Inspector observed this in use. Plan of care identifies the resident to be "non weight bearing until further notice" under Transferring focus. Under Activity Program care plan identifies "strolls/walks AM". The licensee failed to ensure that the plan of care sets out clear



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directions to staff and others who provide direct care to the resident. [LTCHA, 2007, S. O. 2007, c. 8, s. 6 (1) (c)]

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 each written plan of care for each resident sets out clear directions to staff and others who provide direct care to the resident, that the staff and others involved in the different aspects of care of the resident collaborate with each other in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other, that the care set out in the plan of care is provided to the resident as specified in the plan, and 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, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following subsections:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.

2. Every resident has the right to be protected from abuse.

3. Every resident has the right not to be neglected by the licensee or staff.

4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.

5. Every resident has the right to live in a safe and clean environment.

6. Every resident has the right to exercise the rights of a citizen.

7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.

8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.

9. Every resident has the right to have his or her participation in decision-making respected.

10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.

11. Every resident has the right to,

i. participate fully in the development, implementation, review and revision of his or her plan of care,

ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,

iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and

iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.

12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.

13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.

14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.

15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.

16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.

17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,

i. the Residents' Council,

ii. the Family Council,

iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,

iv. staff members,

v. government officials,

vi. any other person inside or outside the long-term care home.

18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.

19. Every resident has the right to have his or her lifestyle and choices respected.

20. Every resident has the right to participate in the Residents' Council.

21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. On April 26, 2012, at 1052h, a resident, stated to inspector 106, "I have to go to the bathroom, do you know where the bathroom is?". Inspector explained that she was a visitor in the home and told them to ask a housekeeper who was near by. The housekeeper stated that they had initiated the bell for nursing staff to come. Other staff members, who were not nursing staff arrived and stated they would find a nursing staff member who could assist them. The resident was calling out in discomfort and was anxious about finding a washroom. An activity aide took the resident to their room at approximately 1100 h. Inspector 106 overheard the activity aide state that the resident was a 2 person transfer and another staff member came to assist approximately two minutes later. The licensee failed to ensure that the resident's right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs was fully respected and promoted. [LTCHA, 2007, S. O. 2007, c. 8, s. 3 (1) 4]

2. On April 26, 2012, inspector 106 observed the call bell for a room ring from 1910h until 1920h. At approximately 1925 h, inspector 106, went to the room and found the resident on the floor, in a urine soaked brief and their bed alarm was ringing. Inspector 106 immediately informed a RPN from the next unit as no staff from the resident's unit were available. The RPN came to assess the situation and then went to find staff from the unit. A PSW, who then responded to the resident, told inspector 106, they (the resident) "always does this". The licensee failed to ensure that the resident's right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs was fully respected and promoted. [LTCHA, 2007, S. O. 2007, c. 8, s. 3 (1) 4]

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 every resident's right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs is fully respected and promoted, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director

Specifically failed to comply with the following subsections:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

3. Unlawful conduct that resulted in harm or a risk of harm to a resident.

4. Misuse or misappropriation of a resident's money.

5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, ss. 24 (1), 195 (2).

Findings/Faits saillants :

1. A Mandatory report received by the ministry, identifies that a family member of a resident brought forward an allegation of abuse on November 15, 2011. The home did not report this allegation of abuse to the Director until November 23, 2011. The licensee failed to ensure that a person who has reasonable grounds to suspect abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or risk of harm, immediately report the suspicion and the information upon which it is based to the Director. [LTCHA, 2007, S. O. 2007, c. 8, s. 24 (1) (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 persons who have reasonable grounds to suspect abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or risk of harm, immediately report the suspicion and the information upon which it was based to the Director, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records Specifically failed to comply with the following subsections:

s. 8. (1) 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,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. On April 24, 2012, the DOC provided inspector 106 with the home's written falls prevention program. "Falls Prevention" policy F3.1.0, pg 4 is a "Morse Fall Scale Tool". This tool identifies, "Complete after 2 falls in one month". In January 2012, a resident is recorded as having two falls. On April 26, 2012, both inspector 106 and a RPN could not find a completed "Morse Falls Scale" in the resident's chart. The licensee failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is (b) complied with. [O. Reg. 79/10, s. 8 (1) (b)]

2. On April 24, 2012, the DOC provided inspector 106 with the home's written falls prevention program. "Falls Prevention" policy F3.1.0, pg 4 is a "Morse Fall Scale Tool". This tool identifies, "Complete after 2 falls in one month". In December 2011, a resident is recorded as having two falls, a completed "Morse Falls Scale" was not found in their chart. The licensee failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is (b) complied with. [O. Reg. 79/10, s. 8 (1) (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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 111. Requirements relating to the use of a PASD Specifically failed to comply with the following subsections:

s. 110. (2) Every licensee shall ensure that a PASD used under section 33 of the Act,
(a) is well maintained;
(b) is applied by staff in accordance with any manufacturer's instructions; and
(c) is not altered except for routine adjustments in accordance with any manufacturer's instructions. O. Reg. 79/10, s. 111. (2).

Findings/Faits saillants :

1. On April 24, 2012, a resident was observed by inspector 106 strapped to a dining chair by a Velcro seat belt, during the lunch meal. A RN reported, to inspector 106, that the Velcro seat belt is used as a PASD to prevent resident from rising during meals. The packaging provided by the RN, indicates the device is a "wheelchair belt". Purchasing and Inventory staff provided inspector 106 a product page from the manufacturer, on April 25, 2012; the one page provided is a description of "Wheelchair Positioning Belts" and "seat belt instructions", which identifies the belt for use on a wheelchair. The licensee failed to ensure that a PASD used under section 33 of the Act, is applied by staff in accordance with any manufacturer's instructions. [O. Reg. 79/10, s. 111 (2) (b)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 96. Policy to promote zero tolerance

Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,

(a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;

(b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;

(c) identifies measures and strategies to prevent abuse and neglect;

(d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and

(e) identifies the training and retraining requirements for all staff, including,

(i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and

(ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.

Findings/Faits saillants :

1. The home's written policies to promote zero tolerance of abuse and neglect of residents were provided to inspector 106 on April 26, 2012 by the Clinical Standards Manager. The policies provided do not have written procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected. The licensee failed to ensure that the home's written policy to promote zero tolerance of abuse and neglect of residents contains procedures and interventions to assist and support resident who have been abused or neglected or allegedly abused or neglected. [O. Reg. 79/10, s. 96 (a)]

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's written policy to promote zero tolerance of abuse and neglect of residents contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected, to be implemented voluntarily.

Issued on this 4th day of May, 2012



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prévus le Loi de 2007 les
foyers de soins de longue**

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

A handwritten signature in black ink, appearing to be "J. [unclear]". The signature is written in a cursive style and is located within the signature box.