



**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
sous la Loi de 2007 sur les foyers
de soins de longue durée**

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

**Division des foyers de 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
Feb 5, 2019	2019_736689_0004	026879-18, 026883-18	Follow up

Licensee/Titulaire de permis

Craigwiel Gardens
221 Main Street R. R. #1 AILSA CRAIG ON N0M 1A0

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

Craigholme
221 Main Street, R.R. #1 AILSA CRAIG ON N0M 1A0

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

CASSANDRA ALEKSIC (689), INA REYNOLDS (524)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): January 29, 30, and 31, 2019.

The following Follow-up intakes were completed within this inspection:

Follow-up Log #026879-18 for Compliance Order (CO) #001 from Resident Quality Inspection #2018_607523_0023 related to plan of care documentation, auditing process and corrective actions regarding bathing and sleep and rest patterns and preferences; ensuring residents are not left in the dining room after meals; evaluation and revisions of the home's staffing plan and contingency plan; and staff education on documentation.

Follow-up Log #026883-18 for Compliance Order (CO) #002 from Resident Quality Inspection #2018_607523_002 related to training for all nursing staff on the use of bed rails as per residents' plan of care.

During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer, Director of Care, Assistant Director of Care, a Registered Practical Nurse, Personal Support Workers, and several residents.

The inspectors also observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, reviewed policies, procedures and plans of the home, and written records of program training and re-education.

The following Inspection Protocols were used during this inspection:
Personal Support Services
Sufficient Staffing

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

1 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)



The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 101. (3)	CO #002	2018_607523_0023	689
O.Reg 79/10 s. 31. (3)	CO #001	2018_607523_0023	689

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	Légende 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. 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 ensure that there was at least one registered nurse who was an employee of the licensee and a member of the regular nursing staff on duty and present at all times.

On September 4, 2018, during Resident Quality Inspection # 2018_607523_0023, Compliance Order (CO) #001 was issued and the licensee was ordered to evaluate and revise the home's staffing plan and contingency plan. This order was to be complied with by December 25, 2018.

A review of the "Craigholme Staffing Plan" was completed. The daily pattern unit included:

Day:

Registered Nurse (RN) x1

Registered Practical Nurse (RPN) x2

Registered Practical Nurse (RPN) x1 (0630 – 1230)

Personal Support Worker (PSW) x9

Evening:

Registered Nurse (RN) x1

Registered Practical Nurse (RPN) x2

Registered Practical Nurse (RPN) x1 (1530 – 2130)

Personal Support Worker (PSW) x9

Night:

Registered Nurse (RN) x1

Personal Support Worker (PSW) x3

A record review of the home's revised staffing schedules from December 26, 2018, to January 30, 2019, showed that a Registered Nurse (RN) was not scheduled or re-scheduled on the following dates:

-December 26, 2018, night shift

-January 2, 2019, night shift

-January 15, 2019, evening shift and night shift

-January 17, 2019, night shift

-January 21, 2019, night shift

-January 22, 2019, night shift

-January 25, 2019, night shift

-January 26, 2019, night shift

-January 30, 2019, night shift



During an interview on January 30, 2019, Director of Care (DOC) #103, stated that the staffing plan included only one RN to be scheduled on days, evenings and nights, and the home was currently short one full-time RN and in the process of recruiting two part-time RN's. The DOC stated that the revised staffing schedules were the most recent versions and was the actual schedule which showed the shifts that had been filled. The revised staffing schedules from December 26, 2018, to January 30, 2019, were reviewed by the Inspector and the DOC confirmed that there was no RN present or working in the home on the shifts mentioned above. When asked if they would expect that a registered nurse who was both an employee of the licensee and a member of the regular nursing staff of the home be on duty and present in the home at all times, the DOC stated that they strived to, but did not have enough registered nurses.

The licensee has failed to ensure that there was at least one registered nurse who was an employee of the licensee and a member of the regular nursing staff on duty and present at all times. [s. 8. (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 that there is at least one registered nurse who is an employee of the licensee and a member of the regular nursing staff on duty and present at all times is complied with, to be implemented voluntarily.

Issued on this 5th day of February, 2019

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

Original report signed by the inspector.