



**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
prévus 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
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Jan 5, 6, 2012	2012_072120_0005	Complaint

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 COURTLAND
4850 Hwy #59, P.O. Box 279, Courtland, ON, N0J-1E0

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with the Director of Nursing, Charge Nurse, nursing staff and maintenance manager regarding the prevention and management of heat-related illness during hot weather and adequate incontinent supplies.(L-001125-11)

During the course of the inspection, the inspector(s) conducted a walk-through of the home, took air temperature and humidity readings, reviewed resident clinical records, employee training attendance records and the home's policies and procedures.

Note: This is a copy of the original inspection report #2011-159120-025 for an inspection conducted on July 22, 2011. IQS was not functional at the time of the inspection and all information was collected and documented manually. Please see the original reports on the Y drive under the home name and log #L-001125-11.

The following Inspection Protocols were used during this inspection:

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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. 9. Doors in a home

Specifically failed to comply with the following subsections:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,

i. kept closed and locked,

ii. equipped with a door access control system that is kept on at all times, and

iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system, or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door

and has a manual reset switch at each door.

1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).

Findings/Faits saillants :

[O. Reg. 79/10, s.9(1)1.i & ii] Multiple perimeter doors in the home leading directly to unenclosed outdoor areas are not equipped with a door access control system that functions to "lock" the doors (that would release during fire alarm) to prevent unauthorized resident egress. Doors were identified to be equipped with alarms only.

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 20. Cooling requirements

Specifically failed to comply with the following subsections:

s. 20. (1) Every licensee of a long-term care home shall ensure that a written hot weather related illness prevention and management plan for the home that meets the needs of the residents is developed in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices and is implemented when required to address the adverse effects on residents related to heat. O. Reg. 79/10, s. 20 (1).

Findings/Faits saillants :

The home's policy and procedure titled "Hot Weather Plan – Residents" with an effective date of July 2007 was found posted at the nurse's station. The policies have not been updated to include prevailing practices. The Ministry of Health and Long term care released a document in 2006 titled "Guidelines for the Prevention and Management of Hot Weather Related Illness in Long Term Care Homes". This document describes the necessary interventions necessary to manage heat stress in residents and how to manage the building environment during extreme heat episodes.

The policy directs staff to "open doors and windows" without first addressing how the Humidex values of outdoor air would impact the interior of the home. It directs staff to shut off lights in lounges and alternate lights in corridors, which is not permitted for health and safety reasons as well as to ensure compliance with lighting requirements of O. Reg. 79, s. 18. The policy does not offer any information to staff as to when to place residents in cooled or air conditioned common spaces. According to a staff member, residents typically are left to sit in their rooms and in halls while the cooled spaces remain empty because of a verbal direction that they can't leave residents unsupervised.

During the inspection, air and humidity temperatures were not being recorded in general resident accessible areas (values were being recorded in tub rooms, kitchen laundry only), thermometers and hygrometers were found to be inaccurate and half the corridor lights were found to be off.

Interventions to reduce heat in the building environment were not effective, despite the home's efforts to reduce the use of ovens and dishwashers in the kitchen. The air temperatures and humidity levels were measured throughout the building and found to be 30-33C with humidity levels between 44-50%. The outdoor values for air temperature were 32.9-33.3C and 39% for humidity (as per Environment Canada's Hourly Report). These values equal a Humidex of 36-42 and in the uncomfortable and great discomfort range for residents.

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 written hot weather related illness prevention and management plan for the home meets the needs of the residents and is developed in accordance with prevailing practices and is implemented when required to address the adverse effects on residents related to heat, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following subsections:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

[O. Reg. 79/10, s. 73(1)9] The staff of the home, in response to the extreme heat, decided to curtail the use of their dishwasher (even though it is a low temperature dishwasher with functioning overhead exhaust) and reverted to using paper plates, plastic cutlery and paper/Styrofoam cups for resident meals and beverages over the course of several days. This decision did not take into consideration resident specific dietary needs with respect to eating aids or assistive devices in order for residents to be able to eat and drink as comfortably and independently as possible. A staff member reported that residents spilled their drinks onto themselves because the cups were difficult to hold and other residents were not able to properly cut their food with the plastic knives. The use of paper plates and cups and plastic cutlery are for emergency use and not for situations when a dishwasher is operational.

Issued on this 6th day of January, 2012

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