

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

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

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 # / No de registre	Type of Inspection / Genre d'inspection
Aug 26, 2019	2019_788721_0029	013148-19	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**

MEAGAN MCGREGOR (721)

**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): August 19 and 21, 2019.**

**The following Complaint intake was inspected during the course of this inspection:**

**Complaint IL-68107-LO/Log #013148-19 related to concerns regarding resident's continence care needs not being met.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care, registered nursing staff and Personal Support Workers.**

**The Inspector also observed residents and the care provided to them by staff and the storage of continence care products throughout the home, reviewed clinical records and plans of care for identified residents and reviewed documentation related to the homes continence care and bowel management program.**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management**

**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)**

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

## Findings/Faits saillants :

1. The licensee has failed to ensure that there was a written plan of care for each resident that set out clear directions to staff who provided direct care to the resident.

The Ministry of Health and Long-Term Care (MOHLTC) Action Line received complaint IL 68107-LO in which an anonymous complainant reported concerns of resident's continence care needs not being met.

A) A review of resident #001's Care Plan in PointClickCare (PCC) showed they required a liner product as an intervention related to full urinary incontinence.

A review of resident #001's physical chart included a document titled "TENA Portraits – Quick Reference Guide A Resident-Centric Approach to Individualized Product Selection" which indicated their chosen continence care product was a brief and the quantity required was four.

During an interview on a specific date, when asked how they would know what a residents continence care needs were, Personal Support Worker (PSW) #102 stated that they would look on their care plan and kardex in PCC. When asked what resident #001's continence care needs were, PSW #102 stated that they were on a toileting routine and required a continence care product. PSW #102 said that resident #001 had worn a brief product in the past and had recently been switched to a liner product. PSW #102 told Inspector #721 that at the time of the interview resident #001 was wearing a brief product as management had brought the briefs back for them to use when the liner product was not sufficient in meeting their continence care needs.

During an interview on a specific date, when asked how they would know what continence care product a resident required, PSW #103 stated that some residents had a symbol in their closet indicating which product they required but that a lot of residents didn't and "it's whatever is in their closet and available". PSW #103 told Inspector #721 that there were a lot of residents that had their continence care product changed from a brief to a pad the previous month and in the two days prior briefs had been brought back to their room.

During an interview on a specific date and time Director of Care (DOC) #101 reviewed resident #001's clinical record with Inspector #721. When asked how staff were made aware of which continence care products were to be used for each resident, DOC #101

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stated this would be indicated on the resident profile worksheet and that copies of this were left at the nursing station for all staff to access and on the cart with the continence care products on it that was brought to the unit nightly. DOC #101 and Inspector #721 reviewed the homes resident profile worksheet which indicated that resident #001 was incontinent and wore a brief. When asked what was stated in resident #001's plan of care about their continence care needs, DOC #101 reviewed resident #001's care plan in PCC and said it was indicated that they wore a liner. Inspector #721 requested that DOC #101 confirm what continence care product resident #001 was wearing that day and on the same date of the interview at a specific time DOC #101 confirmed that resident #001 was wearing a brief.

B) A review of resident #002's Care Plan in PCC showed they required pads at an identified time of day and briefs at another identified time of day as interventions related to occasional urinary incontinence.

A review of resident #002's physical chart included a document titled "TENA Portraits – Quick Reference Guide A Resident-Centric Approach to Individualized Product Selection" which indicated their chosen continence care product was a brief and the quantity required was three.

During an interview on a specific date, when asked how they would know what a residents continence care needs were, PSW #102 stated that they would look on their care plan and kardex in PCC.

During an interview on a specific date, when asked how they would know what continence care product a resident required, PSW #103 stated that some residents had a symbol in their closet indicating which product they required but that a lot of residents didn't and "it's whatever is in their closet and available". PSW #103 told Inspector #721 that there were a lot of residents that had their continence care product changed from a brief to a pad the previous month and in the two days prior briefs had been brought back to their room. When asked if resident #002 required any continence care products, PSW #103 said yes and that they were wearing briefs that day but were sometimes provided with pads.

During an interview on a specific date and time DOC #101 reviewed resident #002's clinical record with Inspector #721. When asked how staff were made aware of which continence care products were to be used for each resident, DOC #101 stated this would be indicated on the resident profile worksheet and that copies of this were left at the

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nursing station for all staff to access and on the cart with the continence care products on it that was brought to the unit nightly. DOC #101 and Inspector #721 reviewed the homes resident profile worksheet dated August 20, 2019, which indicated that resident #002 was incontinent and wore a pad at an identified time of day and a brief at another identified time of day. When asked what was stated in resident #002's plan of care about their continence care needs, DOC #101 reviewed resident #002's care plan in PCC and said it was indicated that they wore a pad at an identified time of day and a brief at another identified time of day. Inspector #721 requested that DOC #101 confirm what continence care product resident #002 was wearing that day and on the same date of the interview at a specific time DOC #101 confirmed that resident #002 was wearing the brief that they were supposed to wear at another identified time. DOC #101 stated that when they asked staff why resident #002 was wearing a brief at that time the staff said it was because there was an extra one so they put it on.

The licensee has failed to ensure that there was a written plan of care for residents #001 and #002 that set out clear directions for continence care to staff who provide direct care to the residents and that staff had clear directions on how to access the written plan of care related to continence care needs for these residents. [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 there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.***

**Issued on this 26th day of August, 2019**

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

**Original report signed by the inspector.**