



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

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 3, 2016	2016_254610_0005	035514-15	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 ON BONNIE PLACE
15 Bonnie Place St Thomas ON N5R 5T8

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

NATALIE MORONEY (610)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): January 25, 26, 27, 28, 29 and February 1, 2, 3, 4, 5, 8, 9, 2016

This Complaint Inspection was related to alleged abuse, pain, infection control, personal support services, and housekeeping.

This complaint was completed concurrently with Critical Incident# 2730-000017-15/033802-15 and # SAC Report 10730/035065-15, and with the Resident Quality inspection 2016_254610_0002/000862-16.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Resident Care Coordinator, Minimal Data Set Nurse, one Registered Practical Nurse, three Personal Support Workers, Family, and one Resident.

During the course of the inspection the inspector reviewed health care records, relevant policy and procedures, completed observations, and conducted resident and family interview.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Dignity, Choice and Privacy

Infection Prevention and Control

Nutrition and Hydration

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

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

6 WN(s)

6 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>Legendé</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 the plan of care set out clear directions to staff and others who provide direct care to the resident.

An interview with resident # 071 revealed the resident had requested specific bathing requirements.

A review of documentation of the care plan revealed different requirements.

On February 9, 2016, an interview with Registered Practical Nurse(RPN) # 130 and Personal Support Worker PSW # 140 revealed that the resident was to be bathed in the manner requested by the resident.

The Administrator # 100 confirmed that the plan of care should have provided clear directions to staff that were providing care regarding bathing. [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 the plan of care set out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

WN #2: 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:

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 O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the policy, protocol, procedure, strategy or system, was implemented and was complied with.

On February 8, 2016, a complaint revealed that the home was not following the cleaning policy of personal care items.

A memo dated December 3, 2015 from management showed:

“It has come to management’s attention that the residents are not being given their individual basins for am care and hs care. They need to use their own basins and 1xper week on nights (with the wheelchair cleaning) need to disinfect the basins.....”

The Policy Cleaning Guideline-Personal Use Equipment:

“Bed Pans, basins, and urinals will be reserved for use by a single resident. They will be cleaned out disinfected daily, by designated staff as per shift routine”.

An interview with the Resident Care Coordinator # 109 on February 4, 2016, confirmed that staff were not disinfecting the wash basins daily as per policy.

The Administrator #100 confirmed on February 5, 2016, that the basins should have been cleaned and disinfected daily and that the memo would be reviewed and updated.
[s. 8. (1)]



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 policy, protocol, procedure, strategy or system, is implemented and is complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect

Specifically failed to comply with the following:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents were protected from abuse by anyone.

There was an incident of alleged abuse report by the home.

The Policy and Procedure of Abuse and Neglect Staff to Resident, Family to Resident, Resident to Resident, Resident and/or Family of staff:

“Psychological/Emotional Abuse is any verbal or non-verbal behaviour which demonstrates disrespect, such as sarcasm, retaliation, testing or taunting, insensitivity to one’s culture, race, religion, education, or economic status; or consciously withholding information which could contribute to one’s well-being. It can also include, but is not limited to, verbal aggression, humiliation, forced social isolation, intimidation, threats, inappropriate control of activities.”

The Administrator # 100 confirmed the allegations were true following an internal investigation. [s. 19. (1)]

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 residents were protected from abuse by anyone, to be implemented voluntarily.

**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing
Specifically failed to comply with the following:**

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident was bathed, at a minimum, twice a week by the method of his or her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

An interview with a resident revealed that equipment had been broken and there for a resident had not received a bath.

The Administrator # 100 confirmed that the equipment had been broken for approximately two weeks preventing bathing of choice for a resident. [s. 33. (1)]



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 resident bathed, at a minimum, twice a week by the method of his or her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 48. Required programs

Specifically failed to comply with the following:

s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

- 1. A falls prevention and management program to reduce the incidence of falls and the risk of injury. O. Reg. 79/10, s. 48 (1).**
- 2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions. O. Reg. 79/10, s. 48 (1).**
- 3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable. O. Reg. 79/10, s. 48 (1).**
- 4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).**

Findings/Faits saillants :

1. The licensee failed to ensure that the pain management program was implemented to identify pain in residents and manage pain.

On February 9, 2016, interview with the Minimum Data Set (MDS) Nurse # 105 and the Resident Care Coordinator (RCC) # 109 showed that the pain program was developed but was not implemented in the home with an interdisciplinary team.

The Administrator # 102 confirmed that there should have been at least an annual evaluation of the program and a written record related to the annual review. That it was the homes expectation that there would be an active pain management program implemented in the home to identify pain in residents and manage pain within an interdisciplinary team. [s. 48. (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 the pain management program was developed and implemented for to identify pain in residents and manage pain, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following:

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that when a resident's pain was not relieved, the resident was assessed using a clinically appropriate assessment instrument.

During an interview on February 8, 2016, a resident stated that they had pain, and had pharmacological interventions in place.

The Pain Assessment Policy:

"Pain shall be reviewed quarterly and upon resident change of need utilizing the RAI MDS process".

A review of the resident's documentation showed that the resident had not been assessed using a clinically appropriate assessment tool for pain.

The MDS Nurse # 105 confirmed that the resident should have had a pain assessment completed on admission, quarterly, readmission and with a change in condition and that there was no pain assessment on this resident to monitor pain. [s. 52. (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 they had a program that would provide for communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired and to ensure that the plan of care related to pain based on an interdisciplinary assessment with respect to the resident's health conditions, to be implemented voluntarily.



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Issued on this 3rd day of March, 2016

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

Original report signed by the inspector.