

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**London Service Area Office
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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
Mar 9, 2020	2020_834524_0008	002493-20	Critical Incident System

Licensee/Titulaire de permisCaressant-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**

INA REYNOLDS (524)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): March 2 and 3, 2020.

**The following Critical Incident was completed within the inspection:
Log #002493-20 / CIS #2730-000007-20 related to falls prevention and management.**

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care, the Resident Care Coordinator, a Registered Nurse, a Personal Support Worker and residents.

The inspector(s) also observed residents and the care provided to them, resident and staff interactions, reviewed clinical healthcare records including assessments and care planning interventions for identified residents, and reviewed relevant policies and procedures of the home.

**The following Inspection Protocols were used during this inspection:
Falls Prevention**

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

Legend	Légende
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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>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>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</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. (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; 2007, c. 8, s. 6 (10).**
 - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident's plan of care was reviewed and revised at least every six months and at any other time when the resident's care needs changed or care set out in the plan was no longer necessary.

This inspection was initiated as a result of a Critical Incident System (CIS) report submitted to the Ministry of Long-Term Care (MLTC) on a specific date, regarding a fall incident for a resident. Review of the CIS stated that the resident was found on the floor and sustained a fall resulting in an injury and required further medical attention.

Review of the resident's clinical record showed a Minimum Data Set (MDS) assessment completed on a specific date that was not consistent with the resident's current plan of care.

An observation was completed on a specific date which did not reflect the resident's current care needs. This was confirmed by a Personal Support Worker (PSW). The PSW said they would find information related to the resident's care needs on the care card on the resident's closet or the Kardex on Point of Care. The PSW reviewed the laminated care card with the inspector and said that there was no reference to the use of a specific intervention.

In an interview on a specific date, a Registered Nurse (RN) and a PSW said that the resident's care needs had changed after the fall on a specific date. The RN and PSW both confirmed a decline in the resident's condition that would have been consistent with a change in the resident's care needs.

In an interview on a specific date, the Resident Care Coordinator (RCC) reviewed the care plan with the inspector and said that the care plan should have been updated after there was a significant change in the resident's status. The RCC said that if staff were to look at the care plan, they wouldn't know what the resident's current status was and the level of assistance needed, or specific interventions to put in place and that could place the resident at risk.

The licensee has failed to ensure that the plan of care for a specific resident was reviewed and revised when the resident's care needs changed or care set out in the plan was no longer necessary. [s. 6. (10) (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 the resident's plan of care is 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.

Issued on this 9th day of March, 2020

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

Original report signed by the inspector.