



**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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Direction de l'amélioration de la performance 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
May 24, 25, 28, 29, 30, 31, Jun 1, 2012	2012_034117_0018	Critical Incident

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 BOURGET
2279 Laval Street, P.O. Box 99, Bourget, ON, K0A-1E0

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

LYNE DUCHESNE (117)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Caressant Care Regional Manager / Acting Administrator, the Caressant Care Long-Term Care Consultant / Acting Director of Care, the Environmental Services Manager, the RAI Coordinator, the Activity Director, to several Registered Nurses (RN), to several Personal Support Workers (PSW), to a housekeeper and to several residents.

During the course of the inspection, the inspector(s) reviewed the health care records for the residents #01 and #02; reviewed Critical Incident Reports # 1160-000014-12 and # 1160-000016-12; examined the home's windows and all doors leading to stairways and the outside of the home.

It is noted that two Critical Incident Inspections, Log # O-001029-12 and log # O-001120-12, were conducted during this inspection.

It is also noted that findings of non-compliance, in regards to Log # O-001120-12, were identified under Resident Rights and were issued under the inspection # 2012-034117-0019, which was conducted at the same time as this inspection.

The following Inspection Protocols were used during this inspection:

Dignity, Choice and Privacy

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours
Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

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	Legendé 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.)	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. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16.

Findings/Faits saillants :

1. The licensee has failed to comply with the O.Reg 79/10, section 16, in that outdoor windows that are accessible to residents do not have their openings restricted to 15 centimeters.

On April 20, 2012, resident # 01 eloped from the home through his/her bedroom window. On May 24, 2012, the bedroom window through which resident #01 eloped was examined by MOHLTC inspector #117 and the home's Environmental Services Manager. The bedroom window was measured by the Environmental Services Manager and it was noted to open to a width of 16 inches (40 centimeters).

On May 24, 2012, it was also noted by the MOHLTC inspector #117 that twelve other windows on the homes first and second floors were open to a width more than 15 centimeters. A tour of the home with the home's Environmental Services Manager confirmed the following: 38 crank windows on 1st floor, 10 crank windows in the main dining room, 2 crank windows on second floor, 4 double hung windows on second floor and 1 sliding window on the second floor were noted to open more than 15 centimeters.

On May 28, 2012, MOHLTC inspector #117 observed that the home's Environmental Services Manager had secured all of the home's windows with a restricted opening of 15 centimeters.

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 outdoor windows that are accessible to residents have a restricted opening of 15 centimeters, to be implemented voluntarily.

WN #2: 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 :

1. The licensee failed to comply with O.Reg 79/10, section 9 (1) (1) in that a door leading to a stairway was not equipped with an audible door alarm that allows calls to be cancelled only at the point of activation, and is connected to the resident-staff communication and response system, or 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.

On May 24, 2012, it was noted that the basement stairway door, located in the old section of the long-term care home, is locked with a key pad lock. However the door is not equipped with an audible door alarm that allows calls to be cancelled only at the point of activation, and is connected to the resident-staff communication and response system, or 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.

On May 25, 2012, the home's Regional Manager and Environmental Services Manager confirmed with the MOHLTC inspector #117 that an electronic company had been contacted to install an audible door alarm on the identified basement stairway door. The work is to be completed by the end of the week of June 4, 2012.

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 all doors in the home leading to a stairway are equipped with an audible door alarm that allows calls to be cancelled only at the point of activation, and is connected to the resident-staff communication and response system, or 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, to be implemented voluntarily.

Issued on this 1st day of June, 2012



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

A handwritten signature in black ink, appearing to read "Lyne Duchesneau". The signature is written in a cursive style with a large loop at the end.