



**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
Apr 23, 24, 25, 26, 30, May 1, 2, 3, 2012	2012_051106_0010	Complaint

Licensee/Titulaire de permis

BOARD OF MANAGEMENT OF THE DISTRICT OF NIPISSING EAST
400 Olive St., NORTH BAY, ON, P1B-6J4

Long-Term Care Home/Foyer de soins de longue durée

CASSELLHOLME
400 OLIVE STREET, NORTH BAY, ON, P1B-6J4

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

MARGOT BURNS-PROUTY (106)

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 Administrator, Director of Care (DOC), Manager of Clinical Standards, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal support Workers (PSW), Physiotherapist Assistant (PTA), Purchasing and Inventory Staff member, Family members and Residents

During the course of the inspection, the inspector(s) conducted a walk-through of resident home areas and various common areas, observed care provided to residents in the home and reviewed resident health care records

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Dignity, Choice and Privacy

Dining Observation

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Skin and Wound Care

Snack Observation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES	
Legend	Legende
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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following subsections:

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

s. 6. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The most recent RAI MDS quarterly assessment for a resident identifies, that the resident requires extensive assistance, and one person physical assist for transfers; extensive assistance, and two person physical assist with toileting; and limited assistance, and one person physical assist with bed mobility. The plan of care and the Kardex for the resident identify, "TOTAL DEPENDENCE, MECHANICAL LIFT - x2 STAFF Provide total assistance for all transfers.", "BED MOBILITY: INDEPENDENT No help required" and "TOILETING: Total Dependence: Containment. NO TOILETING required. SPECIFY: Uses incontinent products. Full staff performance of activity x_1_ staff". The licensee failed to ensure that staff and others involved in the different aspects of care collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other. [LTCHA 2007, S. O. 2007, c. 8, s. 6 (4) (a)] (106)
2. The plan of care and the Kardex for a resident indicates, "Undo, reapply restraint at least hourly. Reposition resident and document in restraint record q2hrs." On April 26, 2012, inspector 106 observed the resident from 1729 h until 2050 h, during this time the resident was not repositioned or released from their restraint. The licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan. [LTCHA, 2007, S. O. 2007, c. 8, s. 6 (7)] (106)
3. On October 25, 2011, a RN asked a care giver, hired by the Substitute Decision Maker (SDM), to add their description of a resident's responsive behaviours to a CCAC "request for Additional Information form Long-Term Care Home Continuing Care Centres". The care giver is not an employee of the home but hired by the resident's family. The SDM was not approached to provide this information, in relation to a possible transfer to another Long Term-Care Home. The SDM for a resident was not given the opportunity to participate fully in the development and implementation of the plan of care. [LTCHA 2007, S. O. 2007, c. 8, s. 6 (5)] (106)

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 the staff and others involved in the different aspects of care of the resident collaborate with each other, in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other, that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care, and that the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following subsections:

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :

1. On May 2, 2012, the home emailed a copy of the "Fall/Winter - Menu A" to inspector 106. The menu plan indicates that on April 26, 2012, the planned snack item for regular diets was a turnover and the portion size is indicated as "1@". At 1953h the snack cart was delivered to the third floor, the cart contained 1 package of 12 turnovers. On April 26, 2012, during the hs snack, a resident, requested a second turnover and was denied. The PSW stated that there was not enough of the turnovers on the cart to allow for seconds. The PSW reported to inspector 106 that the kitchen closes at 2000h and they would not be able to get more of the planned snack item. The licensee failed to ensure that the planned menu items are offered and available at each meal and snack. [O. Reg. 79/10, s. 71 (4)] (106)

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following subsections:

- s. 51. (2) Every licensee of a long-term care home shall ensure that,
- (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;
 - (b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;
 - (c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;
 - (d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;
 - (e) continence care products are not used as an alternative to providing assistance to a person to toilet;
 - (f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;
 - (g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and
 - (h) residents are provided with a range of continence care products that,
 - (i) are based on their individual assessed needs,
 - (ii) properly fit the residents,
 - (iii) promote resident comfort, ease of use, dignity and good skin integrity,
 - (iv) promote continued independence wherever possible, and
 - (v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. A resident's plan of care under the focus, "Potential to control bowel movements related to: cognitive impairment", indicates, that the resident is to be toileted at "0730, 1030, 1330, 1530, 1830, 2130, 0130, 0330 and PRN". On April 26, 2012, inspector 106 observed the resident from 1729h until 2050h and they were not toileted by staff during this time. The licensee failed to ensure that a resident who is incontinent has an individualized plan of care to promote and manage bowel and bladder continence based on the assessment, and the plan is implemented. [O. Reg. 79/10s. 51 (2) (b)] (106)

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 a resident who is incontinent has an individualized plan of care to promote and manage bowel and bladder continence based on the assessment, and the plan is implemented, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following subsections:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

- 1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.**
- 2. Every resident has the right to be protected from abuse.**
- 3. Every resident has the right not to be neglected by the licensee or staff.**
- 4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.**
- 5. Every resident has the right to live in a safe and clean environment.**
- 6. Every resident has the right to exercise the rights of a citizen.**
- 7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.**
- 8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.**
- 9. Every resident has the right to have his or her participation in decision-making respected.**
- 10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.**
- 11. Every resident has the right to,**
 - i. participate fully in the development, implementation, review and revision of his or her plan of care,**
 - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,**
 - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and**
 - iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.**
- 12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.**
- 13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.**
- 14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.**
- 15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.**
- 16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.**
- 17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,**
 - i. the Residents' Council,**
 - ii. the Family Council,**
 - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,**
 - iv. staff members,**
 - v. government officials,**
 - vi. any other person inside or outside the long-term care home.**
- 18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.**
- 19. Every resident has the right to have his or her lifestyle and choices respected.**
- 20. Every resident has the right to participate in the Residents' Council.**
- 21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.**

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. On October 25, 2011, a RN, provided a CCAC "Request for Additional Information from Long-Term Care Homes Continuing Care Centres" form to a paid care giver who is not an employee of the home and asked them to provide details about a resident's responsive behaviours. The care giver, though paid by the family, does not have legal access to medical information regarding the resident. The licensee failed to ensure that the resident's right, to have their personal health information (within the meaning of the Personal Health Information Protection Act, 2004) kept confidential, was fully respected and promoted. [LTCHA, 2007, S. O. 2007, c. 8, s. 3 (1) 11. iv] (106)

Issued on this 3rd day of May, 2012

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

