



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

**Rapport d'inspection  
prévue le *Loi de 2007  
les foyers de soins de  
longue durée***

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de  
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<b>Date(s) of inspection/Date de l'inspection</b> May 13, 2011	<b>Inspection No/ d'Inspection</b> 2011_155_2664_13May100117	<b>Type of Inspection/Genre d'inspection</b> L-000521 Complaint
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**Licensee/Titulaire**  
Caessant-Care Nursing and Retirement Homes Limited, 264 Norwich Avenue, Woodstock, ON N4S 3V9

**Long-Term Care Home/Foyer de soins de longue durée**  
Caessant Care Listowel Nursing Home, 710 Reserve Avenue South, Listowel, ON N4W 2L1

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Sharon Perry #155

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a complaint inspection regarding resident care.

During the course of the inspection, the inspector spoke with: Administrator, Director of Care, Registered Nurse, Registered Practical Nurse, and Personal Support Workers.

During the course of the inspection, the inspector: reviewed the home's pain assessment policy and procedure; reviewed and observed contents of emergency medication supply; reviewed drug record book; and reviewed identified resident's clinical records.

The following Inspection Protocols were used during this inspection:  
Pain

Findings of Non-Compliance were found during this inspection. The following action was taken:  
5 WN  
3 VPC

*Revised for Publication*

**NON- COMPLIANCE / (Non-respectés)**
**Definitions/Définitions**

**WN** – Written Notifications/Avis écrit  
**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire  
**DR** – Director Referral/Régisseur envoyé  
**CO** – Compliance Order/Ordres de conformité  
**WAO** – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.6(1)(c)**  
**Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**  
**(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**Findings:**

1. The identified resident's plan of care did not clearly identify who was the power of attorney (POA) for personal care.
2. The identified resident's plan of care did not clearly identify who was to be contacted for changes in condition or emergencies.
3. The Administrator and Director of Care did not know who was the POA for personal care for the identified resident nor were they able to provide documentation regarding same.

**WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, 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).**

**Findings:**

1. The identified resident's family was not informed of the change in resident's condition until after the resident was sent to the hospital. This was 3 days after the onset of pain.

**WN #3: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, 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:**

1. On [REDACTED] it is documented that an identified resident had a cough that was worsening.
2. On [REDACTED] it is documented that an identified resident had a congested cough and crackles present over the lung lobes.
3. On [REDACTED] physician was notified and medications were ordered.
4. The medication was not administered until [REDACTED] at 0131 hours and reason stated was that it was not available.

5. The medication was available in the emergency stock supply.

**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 care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

**WN #4: The Licensee has failed to comply with O.Reg. 79/10, 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.

**Findings:**

1. The identified resident was noted to have pain on [REDACTED].
2. Three days later the identified resident was diagnosed with a fracture.
3. The identified resident did not have pain assessed during this time using a clinically appropriate assessment instrument.

**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 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, to be implemented voluntarily.

**WN #5: The Licensee has failed to comply with O.Reg. 79/10, s.8(1)(a)(b)**

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 all applicable requirements under the Act; and
- (b) is complied with.

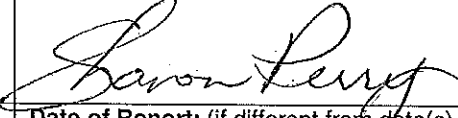
**Findings:**

1. The homes' policy and procedure for pain assessment that was effective April 2010 indicates:
  - All resident with pain will have pain assessed and treated.
2. There was no pain assessment tool completed nor was a pain management flow sheet initiated.

**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 is implemented and complied with, to be implemented voluntarily.



Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.	
			
Title:	Date:	Date of Report: (if different from date(s) of inspection).	
		June 9, 2011	