



**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
longue durée**

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
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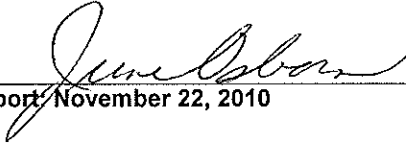
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<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public		
Date of inspection/Date de l'inspection November 22, 2010	Inspection No/ d'inspection 2010_105_2627_22Nov095111	Type of Inspection/Genre d'inspection L-01729 Follow-up pre July01/10
Licensee/Titulaire Caessant Care Nursing and Retirement Homes Ltd. 264 Norwich Ave. Woodstock ON N4S 3V9		
Long-Term Care Home/Foyer de soins de longue durée Caessant Care on Mary Bucke 4 Mary Bucke St. St. Thomas ON N5R 5J6		
Name of Inspector/Nom de l'inspecteur(s) June Osborn #105		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a follow-up inspection related to pre July 01/10 unmet criteria.</p> <p>During the course of the inspection, the inspector spoke with administrator.</p> <p>During the course of the inspection, the inspector obtained a current copy of Registered Nurses schedule, November 14-27, 2010, RN/RPN call in list RN on-call list and the policy and procedure Subject Absence of Registered Staff.</p> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p> <p>Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.</p>		



CORRECTED NON-COMPLIANCE
Non-respects à Corrigé

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
C1.6, LTC Homes Program Manual, now found in LTCHA, 2007, S.O. 2007, c.8, s.8(3).	n/a	n/a	Follow-up to Unmets April 15, 16, 17, 2010.	n/a

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: November 22, 2010