



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 9, 2017	2016_291194_0038	028292-16, 033526-16	Critical Incident System

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### **Licensee/Titulaire de permis**

CARESSANT-CARE NURSING AND RETIREMENT HOMES LIMITED  
264 NORWICH AVENUE WOODSTOCK ON N4S 3V9

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

CARESSANT CARE ON MCLAUGHLIN ROAD  
114 McLaughlin Road LINDSAY ON K9V 6L1

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

CHANTAL LAFRENIERE (194)

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## **Inspection Summary/Résumé de l'inspection**



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

**This inspection was conducted on the following date(s): November 28, 29, 30, December 01 and 02, 2016**

**The following Critical Incident logs have been inspected during the inspection; Log #028292-16 and Log #033526-16 related to allegations of staff to resident physical abuse.**

**Non compliance related to LTCHA, 2007 s. 23(2) the licensee shall report to the Director the results of every investigation undertaken under clause (1) (a), and every action taken under clause (1)(b) will issued as a Voluntary Plan of Correction, in Inspection Report # 2016\_291194\_0037.**

**During the course of the inspection, the inspector(s) spoke with Resident, Administrator, Director of Nursing (DON), Registered Nurse (RN), Registered Practical Nurse (RPN), Personal Support Worker (PSW) and Behavioural Support Ontario RPN and PSW.**

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

**Falls Prevention**

**Prevention of Abuse, Neglect and Retaliation**

**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**

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Legendé</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>The following constitutes written notification of non-compliance under paragraph 1 of section 152 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>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. 20. Policy to promote zero tolerance**

**Specifically failed to comply with the following:**

**s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure there is a written policy that promotes zero tolerance of abuse and neglect of residents and that it is complied with.

Log # 028292-16 and #033526-16 involving resident #003.

Review of the licensee's policy for "Abuse and Neglect, staff to resident, family to resident , resident to resident, resident and/or family to staff" dated August 2016, was completed by inspector #194 on December 01, 2016 and indicated;

-All cases of suspected or actual abuse must be reported immediately in written form to the DON/Administrator. In the absence of management staff, concerns should be reported immediately to the Charge Nurse, who will notify management staff on call.

During an telephone interview RN #115 indicated to inspector #194 that on an identified date PSW #114 reported to RN # 115 allegations of staff to resident physical abuse brought forward by resident#003's SDM . RN #115 did not feel that the staff were responsible for the allegations of physical abuse and had not witnessed any abuse. RN #115 indicated that on call manager was not notified. [s. 20. (1)]

***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 by ensuring that the licensee's abuse policy is complied with, to be implemented voluntarily.***

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Issued on this 10th day of January, 2017

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



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**Original report signed by the inspector.**