



**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 sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

London Service Area Office  
130 Dufferin Avenue, 4th floor  
LONDON, ON, N6A-5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130, avenue Dufferin, 4ème étage  
LONDON, ON, N6A-5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

**Public Copy/Copie du public**

| <b>Report Date(s) /<br/>Date(s) du Rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>Registre no</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|------------------------------------------------|-----------------------------------------------|--------------------------------|----------------------------------------------------|
| May 27, 2014                                   | 2014_260521_0023                              | L-000494-14                    | Critical Incident<br>System                        |

**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 WOODSTOCK NURSING HOME  
81 FYFE AVENUE, WOODSTOCK, ON, N4S-8Y2

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

REBECCA DEWITTE (521)

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

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

**This inspection was conducted on the following date(s): May 14, 2014**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Registered Nursing Staff, Personal Support Worker and a Physiotherapist.**

**During the course of the inspection, the inspector(s) made observations and reviewed: Clinical records and home's Policies and Procedures.**

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



## Falls Prevention Pain

Findings of Non-Compliance were found during this inspection.

| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Legend                                                                                                                                                                                                                                                                                                                                                                                         | Legendé                                                                                                                                                                                                                                                                                                                                                                                                               |
| WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order                                                                                                                                                                                                                                            | WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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.)<br><br>The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.<br><br>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD. |



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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management**

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

**s. 52. (1) The pain management program must, at a minimum, provide for the following:**

- 1. Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired. O. Reg. 79/10, s. 52 (1).**
  - 2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids. O. Reg. 79/10, s. 52 (1).**
  - 3. Comfort care measures. O. Reg. 79/10, s. 52 (1).**
  - 4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies. O. Reg. 79/10, s. 52 (1).**
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**Findings/Faits saillants :**

1. The pain management program failed to, provide strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids and monitoring of residents' responses to the effectiveness of, the pain management strategies, as evidenced by;

In a quarterly review in April 2014 a Resident was assessed to be in pain. The assessor recorded that this was satisfactory management and to continue with current plan.

The Resident confirmed they were in pain.

The Director of Nursing confirmed this was not satisfactory; the resident was not getting adequate pain management. [s. 52. (1) 4.]

***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 pain management program provides strategies to manage and monitor residents responses to the effectiveness of the pain management strategies, to be implemented voluntarily.***

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**Issued on this 27th day of May, 2014**

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