



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 prévue  
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

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Apr 16, 2019	2019_722630_0007	028109-18, 030008- 18, 001230-19, 002239-19, 005055-19	Complaint

### 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

AMIE GIBBS-WARD (630), MELANIE NORTHEY (563)

## Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): February 25, 26, 28, March 1, 4, 5, 6, 7, 8, 11, 12, 13, 14 and 18, 2019.

The following Complaint intakes were completed within this inspection:

Complaint Log #028109-18 / IL-61092-LO related to nutrition services.

Complaint Log #030008-18 / IL-61631-LO related to personal support services.

Complaint Log #002239-19 / IL-63802-LO related to safe and secure home and



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**maintenance services.**

**Complaint Log #001230-19 / IL-63444-LO related to laundry services and linen supplies.**

**Complaint Log #005055-19 / IL-64793-LO related to personal support services, continence care and sufficient staffing.**

**Documentation of non-compliance related to Complaint Log #001230-19 and Complaint Log #005055-19 can be found in the Inspection Report for Follow-Up Inspection #2019\_722630\_0005.**

**During the course of the inspection, the inspector(s) spoke with the Caressant Care Director of Operations, the Caressant Care Regional Director, the Caressant Care Director of Quality and Privacy, Sienna Senior Living Vice President Operations, Sienna Senior Living Director of Operational Effectiveness, the Executive Director (ED), the Director of Care (DOC), the Assistant Director of Care (ADOC), a Resident Care Coordinator (RCC), a Resident Assessment Instrument (RAI) Co-ordinator, the Environmental Services Supervisor (ESS), the Nutrition Manager, the Registered Dietitian (RD), a Ward Clerk, the Behavioural Supports Ontario (BSO) Registered Practical Nurse (RPN), the BSO Personal Support Workers (PSW), Registered Nurses (RN), RPNs, PSWs, Housekeepers, Laundry Aides, Maintenance staff, Dietary Aides (DA), family members and residents.**

**The inspectors also observed resident rooms and common areas, observed linen supplies and laundry services, observed meal and snack service, observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, reviewed policies and procedures of the home, reviewed the written staffing plan of the home, reviewed various meeting minutes, reviewed written records of program evaluations and also reviewed the Caressant Care Woodstock Plan of Corrective Action.**

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

**Accommodation Services - Laundry  
Continence Care and Bowel Management  
Dining Observation  
Personal Support Services  
Snack Observation  
Sufficient Staffing**



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)

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<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>Légende</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>



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**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:**

**s. 6. (1) Every licensee of a long-term care home shall ensure that there is a  
written plan of care for each resident that sets out,**

**(a) the planned care for the resident; 2007, c. 8, s. 6 (1).**

**(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**

**(c) clear directions to staff and others who provide direct care to the resident.  
2007, c. 8, s. 6 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that there was a written plan of care for each resident that set out clear directions to staff and others who provided direct care to the resident.

The Ministry of Health and Long-Term Care (MOHLTC) received a complaint which identified concerns with the care provided to an identified resident in the home.

During interviews with identified staff members they said they would know what care residents required from information in the plan of care in the electronic documentation system as well as from knowing the residents. During an interview one identified staff member said they thought that the resident required a specific type of care. During another interview a different identified staff member said they thought the resident required another specific type of care.

Based on observations during the inspection this identified resident was observed to have received care that was different than the care identified in the plan of care.

The clinical record for this resident included assessments which showed the resident required specific types of care. The plan of care for this resident included multiple interventions that provided different direction for the staff for this resident.

During an interview the Assistant Director of Care (ADOC) said that staff would know what care a resident required from the kardex and plan of care in the electronic documentation system. The ADOC said that they were familiar with this resident and reviewed the plan of care and kardex with Inspector #630. The ADOC said that the plan of care did not provide clear direction for staff regarding specific aspects of this resident's care.

Based on these observations, interviews and record reviews the written plan of care for resident did not set out clear directions for staff. (630) [s. 6. (1) (c)]



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***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 the written plan of care for each resident sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.***

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Issued on this 24th day of April, 2019

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

**Original report signed by the inspector.**