



**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
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Date of Inspection/Date de l'inspection November 8, 2010	Inspection No/ d'inspection 2010_105_2636_08Nov100247	Type of Inspection/Genre d'inspection L-01670 Complaint
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Licensee/Titulaire
Caressant Care Nursing and Retirement Homes Ltd. -264 Norwich Ave Woodstock ON N4S 3V9

Long-Term Care Home/Foyer de soins de longue durée
Caressant Care Woodstock NH

Name of Inspector/Nom de l'inspecteur(s)
June Osborn #105

Inspection Summary/Sommaire d'inspection

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

During the course of the inspection, the inspector spoke with the resident, the administrator, DOC, ADOC, charge RN.

During the course of the inspection, the inspector reviewed the medical record, the plan of care, pain assessments and history of falls.

The following Inspection Protocols were used in part or in whole during this inspection: Pain

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

2 WN
2 VPC



NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avs 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 la 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. 2007c.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.

Findings:

1. The licensee did not notify the SDM re: resident wanting to go to the hospital when the resident wanted to go following the fall.

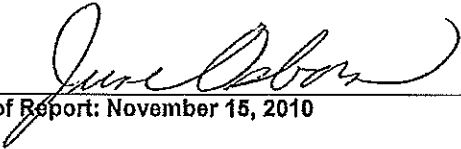
Inspector ID #: 105

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 with LTCHA, 2007, S.O. 2007 c.8, s.6(5). to be implemented voluntarily.



<p>WN #2: The Licensee has failed to comply with O.Reg. 79/10, s.24(9)(a). The licensee shall ensure that the resident is reassessed and the care plan is reviewed and revised when, a) the resident's care needs change</p>	
<p>Findings: 1. Current care plan states "Is currently wearing a sling supporting her Rt. arm to relieve pain r/t to recent fall (May 29/10)". There is no mention of the fall October 29, 2010.</p>	
Inspector ID #:	105
<p>Additional Required Actions: VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i>, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with O.Reg. 79/10, s.24(9)(a), to be implemented voluntarily.</p>	

<p>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</p>		<p>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.</p>	
<p>Title: _____ Date: _____</p>		<p> Date of Report: November 15, 2010</p>	