



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

**Rapport d'inspection  
prévus 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

Sudbury Service Area Office  
159 Cedar Street, Suite 603  
Sudbury ON P3E 6A5

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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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Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
April 12 – 14, 2011	2011_177_9509_13 Apr200258	Complaint S-00807

**Licensee/Titulaire**

Board of Management of the District of Nipissing East, 400 Olive Street, North Bay, P1B 6J4  
Fax Number: 705-474-5381

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

Cassellholme, 400 Olive Street, North Bay, ON P1B 6J4  
Fax Number: 705-474-6129

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

Anne Costeloe (#177)

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a critical incident inspection.

During the course of the inspection, the inspector spoke with: the Administrator, Director of Clinical Services, Manager of Clinical Standards, Administrative Assistant of Clinical Services, and 4 residents.

During the course of the inspection, the inspector: reviewed Medication and Critical Incident reporting policies, medication records and observed medication counts between shifts.

The following Inspection Protocols were used during this inspection:

- Medication Inspection Protocol
- Critical Incident Response Inspection Protocol

Findings of Non-Compliance were found as a result of this inspection. The following action was taken:  
1 WN

**NON- COMPLIANCE / (Non-respectés)**
**Definitions/Définitions**

**WN** – Written Notifications/Avis 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 le 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 O.Reg. 79/10. s.107(3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):

3. A missing or unaccounted for controlled substance.

**Findings:**

1. Critical Incident Report M509-000044-10 related to a missing or uncounted for Controlled Substance was reported as occurring on December 21, 2010 at 22:55.
2. The home reported this by telephone on December 30, 2010.
3. The date and time that the CI was first submitted to MOH was date and time stamped as 31-Dec-2010 at 0943.
4. This is outside the legislated time frame for reporting within one business day after the occurrence of the incident.

**Inspector ID #:** 177

**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.**

*Linda Foner*  
Manager, SSAO

**Title:** **Date:**

**Date of Report:** *June 3, 2011*