



**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**

**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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 13, 2014	2014_271532_0028	001927-14, 000088-14, 00729-14	Critical Incident 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 ARTHUR NURSING HOME
215 ELIZA STREET, P.O. BOX 700, ARTHUR, ON, N0G-1A0

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

NUZHAT UDDIN (532)

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): August 7, 11, 2014

Concurrent CIS inspections were completed Log# 000088-14, 001927-14, 002729-14, 002903-14 and L-000538-14.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Activation Coordinator, Activity Aide, Registered Nurse (RN), Registered Practical Nurses, Behaviour Support Ontario (BSO) Nurse, Personal Support Workers (PSW), Residents and Family.

During the course of the inspection, the inspector(s) toured the resident home areas, review medical records, observed the provision of care and interaction between staff and residents, reviewed relevant policies and procedures, educational records, as well as staff job routines and investigation notes pertaining to the inspections.

**The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation**

Findings of Non-Compliance were found during this inspection.



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. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

- s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**
- 3. Every resident has the right not to be neglected by the licensee or staff. 2007, c. 8, s. 3 (1).**

Findings/Faits saillants :



1. Every resident has the right not to be neglected by the licensee or staff.

Internal investigation notes were reviewed and stated that a Personal Support Worker reported that a resident was calling out for assistance for an extended period of time as they were left without a call bell.

Internal investigations notes stated that resident, in an interview, confirmed that they were not assisted for extended period of time and had no access to a call bell.

Investigation notes revealed that resident was cold, sustained a reddened area from the incident.

Shift Routine for Registered Nurse (RN) was reviewed and stated that RN was to do a walk-through of the facility to check status of resident's needs and safety.

PSW job routine was reviewed and it stated that rounds should be completed to ensure all resident were safe clean, dry and comfortable and to ensure call bells were accessible.

In an interview the Director of Care confirmed that inaction of staff occurred for extended period of time and that safety checks were not done. [s. 3. (1) 3.]

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 every resident's right not to be neglected by the licensee of staff will be fully respected and promoted, to be implemented voluntarily.



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Issued on this 15th day of August, 2014

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