



**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

**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
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Date(s) of inspection/Date de l'inspection
August 24, 2010

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Inspection No/ d'inspection

2010_133_2827_24Aug114726

Type of Inspection/Genre d'inspection

Complaint – Log # 0000117

Licensee/Titulaire

Caressant -Care Nursing and Retirement Homes Limited
264 Norwich Avenue
Woodstock, ON
N4S 3V9
Fax: 519-539-9601

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

Caressant Care Cobden
12 Wren Drive
P.O. Box 430
Cobden, ON
K0J 1K0

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

Jessica Lapensee (ID #133)

Inspection Summary/Sommaire d'inspection



**Ministry of Health and
Long-Term Care**
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The purpose of this inspection was to conduct a complaint inspection related to the supply of continence care products.

During the course of the inspection, the inspector spoke with the Administrator, Melanie Masser, the Director of Care (DOC), Jessica Gilbert and 3 Personal Support Workers (PSW's).

During the course of the inspection, the inspector interviewed the DOC about her ordering process for continence care products. The DOC showed the inspector the continence care products stored in the secured storage room, storage rooms on the two units, linen rooms on the two units and on the clean linen carts throughout the units. The inspector went to all of the tub and shower rooms to see the continence care products stored within. The inspector spoke with PSW's about their ability to access continence care supplies as needed.

There are no findings of Non-Compliance as a result of this inspection.

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| 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. |
| Title: _____ Date: _____ | Date of Report: (if different from date(s) of inspection). _____ September 27, 2010, JZ |