



**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
système de santé
Direction de l'amélioration de la performance et de la
conformité

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Date(s) of inspection/Date de l'inspection August 24 th , 2010	Inspection No/ d'inspection 2010_133_2827_24Aug114726	Type of Inspection/Genre d'inspection Critical Incident Log # 0-000477
Licensee/Titulaire Caessant -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 Caessant 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		



The purpose of this inspection was to conduct a Critical Incident inspection (CI # 2827-000014-10). The critical incident is related to a resident who was found between her mattress and a bed rail.

During the course of the inspection, the inspector spoke with the Director of Care, the RAI coordinator and a PSW.

During the course of the inspection, the inspector reviewed the Critical Incident report with the Director of Care in order to clarify if the resident is capable of using her call bell and what type of mattress the resident was sleeping on. The inspector also reviewed the resident's Health Care Record.

The inspector went to see resident and she was sleeping. The inspector observed that interventions put in place following the incident were implemented.

The following Inspection Protocol was used during this inspection:
Safe and Secure Home

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

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.	
		<i>Jessica Lapensée</i>	
Title:	Date:	Date of Report: (if different from date(s) of inspection).	
		<i>September 27, 2010 JL</i>	