



**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(s) of inspection/Date de l'inspection May 12, 2011	Inspection No/ d'inspection 2011_155_2664_12May122231	Type of Inspection/Genre d'inspection L-000503 Complaint
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Licensee/Titulaire
Caessant-Care Nursing and Retirement Homes Limited, 264 Norwich Avenue, Woodstock, ON N4S 3V9

Long-Term Care Home/Foyer de soins de longue durée
Caessant Care Listowel Nursing Home, 710 Reserve Avenue South, Listowel, ON N4W 2L1

Name of Inspector(s)/Nom de l'inspecteur(s)
Sharon Perry #155

Inspection Summary/Sommaire d'inspection

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

During the course of the inspection, the inspector spoke with: Administrator, Director of Care, Registered Nurse, and Personal Support Workers.

During the course of the inspection, the inspector: observed the dining rooms; observed resident room; reviewed the home's pain assessment policy and procedure; reviewed letter of complaint and the response; and reviewed identified resident's clinical records.

The following Inspection Protocols were used during this inspection:
Pain
Reporting and Complaints

Findings of Non-Compliance were found during this inspection. The following action was taken:
4 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 LTCHA, 2007, W.O. 2007, c.8, s. 22(1). Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).

Findings:

1. On March 7, 2011, Administrator received a written complaint concerning care of an individual resident. As of May 12, 2011 this written complaint had not been forwarded to the Director.

WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.6(7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings:

1. On February 25, 2011 the identified resident was seen by the physician. The physician ordered some medication for agitation.
2. On February 27, 2011 there were two documented incidents of agitation.
3. The medication was not administered until February 28, 2011.

WN #3: The Licensee has failed to comply with O.Reg. 79/10, s.52(2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Findings:

1. The identified resident was receiving pain medication regularly.
2. On February 25, 2011 the physician noted an increase in agitation and ordered some medication.
3. On February 27, 2011 there were two documented incident of agitation and the identified resident was injured.
4. The identified resident's pain was not assessed during this time using a clinically appropriate assessment instrument.



WN #4: The Licensee has failed to comply with O. Reg. 79/10, s. 8(1)(a)(b)
Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is *required to ensure that the plan, policy, protocol, procedure, strategy or system,*

- (a) is in compliance with and is implemented in accordance with all applicable requirements under the Act; and
- (b) is complied with.

Findings:

1. The homes' policy and procedure for pain assessment that was effective April 2010 indicates:
 - All residents with pain will have pain assessed and treated.
2. There was no recent pain assessment completed nor was there a pain management flow sheet initiated for the identified resident. The most recent pain assessment was February 24, 2010.

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).

June 2, 2011