



**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**

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<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
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Date(s) of inspection/Date de l'inspection November 16, 2010	Inspection No/ d'inspection 2010_124_2718_16Nov09480 8	Type of Inspection/Genre d'inspection Complaint-O-001695
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 Marmora, 58 Bursthall Street, P.O.Box 429, Marmora, ON K0K 2M0 Fax: 613-472-3130		
Name of Inspector(s)/Nom de l'inspecteur(s) Lynda Hamilton (124)		

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection concerning an identified resident who sustained a fall.

During the course of the inspection, the inspector spoke with the administrator, the Director of Care, the Resident Care Co-ordinator, one registered practical nurse, three personal support workers and the resident.

During the course of the inspection, the inspector completed a walking tour of the home, assessed the application of the resident's restraint and reviewed the resident's health record.

The following Inspection Protocols were used during this inspection:
Minimizing of Restraining Inspection Protocol

Findings of Non-Compliance were found during this inspection. The following action was taken:

- 2 WN
- 2 VPC



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, 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.

Findings:

1. A resident sustained a fall and it was documented that his/her restraint was not applied. The resident's plan of care stated that he/she was to have a restraint applied. The resident did not receive care as was specified in his/her plan of care.

Inspector ID #: 124

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 related to this resident having a restraint applied, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg. 79/10, s.110 (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

6. All assessment, reassessment and monitoring, including the resident's response.
7. Every release of the device and all repositioning.

Findings:

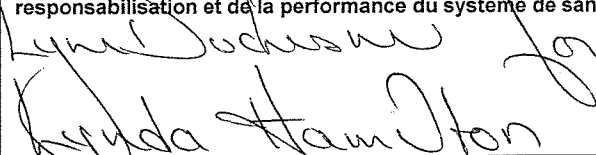
1. No documentation regarding assessment, reassessment and monitoring of the resident's physical restraint was found for a specified period of time. This was confirmed with the Director of Care.
2. For a specified period of time, there was no documentation to be found regarding the resident being repositioned or of the release of his/her physical restraint. This was confirmed with the Director of Care.

Inspector ID #: 124



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 related to documentation requirements for residents with physical restraints, to be implemented voluntarily.

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). 