



**Ministry of Health and  
Long-Term Care**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de sions de longue durée**

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**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 11, 2016	2016_262523_0012	021386-15	Critical Incident System

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**Licensee/Titulaire de permis**

CARESSANT-CARE NURSING AND RETIREMENT HOMES LIMITED  
264 NORWICH AVENUE WOODSTOCK ON N4S 3V9

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

CARESSANT CARE ON MARY BUCKE  
4 MARY BUCKE STREET ST. THOMAS ON N5R 5J6

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

ALI NASSER (523)

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**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): March 8, 2016**

**This Critical Incident #2627-000008-15 inspection was related to an incident of a missing resident.**

**This inspection was completed concurrently with a Follow Up inspection for log # 022749-15**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing (DON), a Registered Nurse, two Personal Support Workers (PSW), a Housekeeping Staff and a Maintenance Worker.**

**The inspector(s) also conducted a tour of the home and the courtyard, reviewed related policies and procedures, clinical records and critical incident reports.**

**The following Inspection Protocols were used during this inspection:  
Safe and Secure Home**

**During the course of this inspection, Non-Compliances were issued.**

**2 WN(s)**

**2 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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 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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.**

**Findings/Faits saillants :**



The licensee has failed to ensure that the home was a safe and secure environment for its residents.

A review of a Critical Incident Systems report and a clinical record review for resident # 001 revealed that resident # 001 was able to exit the home without the knowledge of the staff through a loosely locked gate, a search for the resident was initiated immediately and the resident was found 45 minutes later on a street close by.

The Administrator # 100 confirmed in an interview that the initial locks were inappropriate and confirmed that the locks had been changed and gates were secured to ensure that the home would be a safe and secure environment for its residents. [s. 5.]

***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 that the home is a safe and secure environment for its residents, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following:**

**s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).**

**Findings/Faits saillants :**



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The licensee has failed to ensure that the care set out in the plan of care was based on an assessment of the resident needs.

A clinical record review for resident # 001 revealed that the plan of care did not include interventions to address resident's concerns identified during the initial assessment.

The Director of Nursing (DON) confirmed that the plan of care was not based on the assessment of the resident's needs related certain concerns . DON confirmed that it was the home's expectation that the plan of care be based on an assessment of the resident's needs. [s. 6. (2)]

***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 that the care set out in the plan of care is based on an assessment of the resident needs, to be implemented voluntarily.***

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Issued on this 29th day of March, 2016

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

**Original report signed by the inspector.**