



**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 June 6 2011	Inspection No/ d'inspection 2011_046166_0005	Type of Inspection/Genre d'inspection Log#O-001006-11 complaint
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Licensee/Titulaire
Caessant-Care Nursing and Retirement Limited
264 Norwich Avenue
Woodstock ,ON Fax # 519-539-9601
N4S 3V9

Long-Term Care Home/Foyer de soins de longue durée
Caessant Care on McLaughlin Road
114 McLaughlin Road
Lindsay ,On Fax # 705-324-6949
K9V 6L1

Name of Inspector(s)/Nom de l'inspecteur(s)
Caroline Tompkins #166 Patricia Powers # 157

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection.
During the course of the inspection, the inspectors spoke with: the Administrator, the Director of Care and the Resident Care Coordinator.

During the course of the inspection, the inspectors: reviewed the resident's clinical records and reviewed the licensee's policies related to their Bladder and Bowel Management Program and the Interdisciplinary Skin Care Team.
The following Inspection Protocols were used during this inspection: Continance and Bowel Management.

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

2 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 the Long –Term Care Homes Compliance Program .Criterion: B2.4 Each resident's plan of care shall reflect his/her current strengths, abilities, preferences, needs, goals, safety/security risks, and decisions including advance directives provided by the resident or any substitute decisions provided by the lawfully authorized person. The plan of care shall give clear direction to staff providing care.

Findings/Faits Salliants:

1. The resident's care plan did not identify or provide any interventions related to the resident's recurrent urinary tract infections.
2. The resident's care plan did not identify or provide any interventions related to the resident's skin care.
3. The resident's care plan did not provide direction to staff in regards to appropriate feeding techniques for this resident.

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WN # 2 The Licensee has failed to comply with the Long –Term Care Homes Program. Criterion: C1.17 Each resident shall receive medication and treatments as ordered by the physician, unless the resident refuses.

Findings/Faits Salliants:

1. The resident's attending physician, on the quarterly medication and treatment review from January 1 to March 30 2010 had ordered urine for culture and sensitivity monthly.. Review of the resident's monthly laboratory test did not provide any evidence that urine testing was completed as ordered for three consecutive months.

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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).

June 17 2011