



**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**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
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**Public Copy/Copie du public**

<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>
Oct 23, 2013	2013_220111_0017	000652, 000683	Complaint

**Licensee/Titulaire de permis**

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

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

**CARESSANT CARE ON MCLAUGHLIN ROAD  
114 McLaughlin Road, LINDSAY, ON, K9V-6L1**

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

**LYNDA BROWN (111), DARLENE MURPHY (103)**

**Inspection Summary/Résumé de l'inspection**



The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): October 15 & 16, 2013

Three complaint inspections were completed during this inspection (log# 000652, 000683 & 000692)

During the course of the inspection, the inspector(s) spoke with the acting Administrator, Corporate Consultant, Activity Director, & Environmental manager.

During the course of the inspection, the inspector(s) Reviewed health records for three residents (one discharged and one deceased), Resident Council Meeting minutes, Temperature logs, Maintenance logs, Preventative & Routine maintenance contracts, Missing Items policy, heat related policy, preventative maintenance policy & complaint policy, and reviewed complaints.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Prevention of Abuse, Neglect and Retaliation

Reporting and Complaints

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

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

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

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 O.Reg 79/10, s. 98. Every licensee of a long-term care home shall ensure that the appropriate police force is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence. O. Reg. 79/10, s. 98.**

**Findings/Faits saillants :**

Related to log# 000652 & 000683:

Under the LTCHA, 2007, financial abuse is defined as any misappropriation or misuse of a resident's money or property.

Review of the clinical documentation for Resident #2 indicated the Substitute Decision Maker (SDM) notified the home of alleged financial abuse and the police were not contacted for a period of 6 months.

The licensee failed to ensure that appropriate police force was immediately notified of an alleged incident of financial abuse that the licensee suspects may constitute a criminal offence. [s. 98.]



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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints**

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

**s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:**

**1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).**

**s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,**

**(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).**

**(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).**

**(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).**

**(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).**

**(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).**

**(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).**

**s. 101. (3) The licensee shall ensure that,**

**(a) the documented record is reviewed and analyzed for trends at least quarterly; O. Reg. 79/10, s. 101 (3).**

**(b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and O. Reg. 79/10, s. 101 (3).**

**(c) a written record is kept of each review and of the improvements made in response. O. Reg. 79/10, s. 101 (3).**

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**Findings/Faits saillants :**



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1. Related to log # 000652 & 000683:

Clinical documentation and interview of staff for Resident #2 indicated the resident's SDM expressed concern regarding an incident of alleged financial abuse that occurred. The incident was reported to the Administrator. The SDM asked the Administrator regarding the incident four months later and again 6 months later.

Interview of 'acting' Administrator indicated there was no documented evidence of the complaint, an investigation or written response provided to the resident's SDM within 10 business days regarding the complaint of the resident's alleged financial abuse [s. 101.(1) 1.]

2. Review of the homes policy "Complaints Process" (revised March 2012) indicated under procedure, when a complaint is received from a resident, family member, visitor, physician, or any member of the public, the Administrator will complete the 'Report of Complaint Form'. The 'Report of Complaint Form' includes the nature of each complaint, the date the complaint was received, the type of action taken to resolve the complaint, the final resolution if any, and any response made in turn by the complainant.

Interview of the 'acting' Administrator indicated there was no documented evidence of a "Record of Complaint Form" completed for the verbal complaint made by Resident #2 SDM, or for two other unrelated written complaints received by the home. [s. 101. (2)]

3. There was no documented evidence that all complaints received in the home were reviewed and analyzed for trends at least quarterly. [s. 101.(3)]

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Issued on this 23rd day of October, 2013

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

*J. Brown*