



**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

**Ministère de la Santé et des Soins de  
longue durée**  
Division de la responsabilisation et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
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	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date of inspection/Date de l'inspection October 29, 2010	Inspection No/ d'inspection 2010_105_2636_01Nov094742	Type of Inspection/Genre d'inspection L-01497 Complaint

**Licensee/Titulaire**  
Caressant Care Nursing and Retirement Homes Ltd. 264 Norwich Ave. Woodstock ON N4S 3V9

**Long-Term Care Home/Foyer de soins de longue durée**  
Caressant Care Woodstock NH 81 Fyfe Ave. Woodstock ON N4S 8Y2

**Name of Inspector/Nom de l'inspecteur(s)**  
June Osborn #105

**Inspection Summary/Sommaire d'inspection**

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

During the course of the inspection, the inspector spoke with the administrator, the DOC, the wound care nurse and a PSW.

During the course of the inspection, the inspector reviewed the medical record including the plan of care, reviewed skin and wound policy.

The following Inspection Protocols were used in part or in whole during this inspection: Skin and Wound Care

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

2 WN  
2 VPC



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**NON-COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référance au directeur

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre: 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 constitue 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 O. Reg. 79/10, s.50(2)(b)(iv).

Every licensee of a long-term care home shall ensure that, a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

**Findings:**

**1. Slit on coccyx noted August 12, 2010,**

**Weekly assessments noted as August 26, September 1, September 8, September 16, October 4, and October 12, 2010**

**Inspector ID #:** 105

**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 with O. Reg. 79/10, s.50(2)(b)(iv), to be implemented voluntarily.



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**WN #2:** The Licensee has failed to comply with O. Reg. 79/10 s. 8(1)(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, (b) is complied with.

**Findings:**

1. Policy Number SWV.8, Subject: Treatment Protocol-Stage II Ulcer, Intervention #7; States Evaluate site of wound x 3 days as per policy and procedure. Then a minimum of every 7 days following for two weeks. If the wound is not healing after 17 days, discuss treatment change with the physician.

Slit on coccyx noted August 12, 2010,

Weekly assessments noted as August 26, September 1, September 8, September 16, October 4, and October 12, 2010.

Inspector ID #:	105
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**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 O. Reg. 79/10 s. 8(1)(b), 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.
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Title:	Date:
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Date of Report: November 3, 2010
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