



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

**Rapport d'inspection  
prévus 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

Sudbury Service Area Office  
159 Cedar Street, Suite 603  
Sudbury ON P3E 6A5

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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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Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
April 12 – 14, 2011	2011_177_9509_14Apr140856	Complaint S-00731, and 736

**Licensee/Titulaire**

Board of Management of the District of Nipissing East, 400 Olive Street, North Bay, P1B 6J4  
Fax Number: 705-474-5381

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

Cassellholme, 400 Olive Street, North Bay, ON P1B 6J4  
Fax Number: 705-474-6129

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

Anne Costeloe (#177)

**Inspection Summary/Sommaire d'inspection**

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

During the course of the inspection, the inspector spoke with: the Administrator, Director of Clinical Services, Manager of Clinical Standards, Manager of Infection Control, Administrative Assistant of Clinical Services, Activity Services Director, Unit Clerk, Occupational Health and Wellness Coordinator, Food Services Supervisor, Human Resources Assistant, Physician, Registered Staff, PSW, Activity Aids, Housekeeping Aids and a resident.

During the course of the inspection, the inspector: reviewed policies, health care records for the resident named in the complaint, and observed staff as they performed their work.

The following Inspection Protocols were used during this inspection:

- Dignity Choice and Privacy Inspection Protocol
- Continence Care and Bowel Management Inspection Protocol
- Prevention of Abuse, Neglect, and Retaliation Inspection Protocol

Findings of Non-Compliance were found as a result of this inspection. The following action was taken:  
1 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 O.Reg. 79/10. s.96. Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, (a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected; (b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate; (c) identifies measures and strategies to prevent abuse and neglect; (d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and (e) identifies the training and retraining requirements for all staff, including, (i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and (ii) situations that may lead to abuse and neglect and how to avoid such situations.

**Findings:**

- The inspector reviewed the homes policies titled "Prevention of Abuse and Neglect" Policy R7.1.0 and "Reporting and Notification of Incidents or Resident Abuse and Neglect" Policy R72.0 and determined that the following were not included:
  - The policy did not include procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected.
  - The policy did not identify the training or retraining requirements for all staff, including, training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and situations that may lead to abuse and neglect and how to avoid such situations, as required in the regulations.
- On April 13, 2011, at 10:19 inspector 177 spoke to the Director of Clinical Services who acknowledged that procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected and training on the relationship between power imbalances between staff and residents are not referenced in the homes Abuse Policy.

**Inspector ID #:** 177



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<p>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</p>	<p>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.</p> <p><i>Aida Foner</i> Manager, SSAO</p>
<p>Title: _____ Date: _____</p>	<p>Date of Report: _____</p> <p><i>June 3, 2011</i></p>