



**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**

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Licensee Copy/Copie du Titulaire



Public Copy/Copie Public

**Date(s) of inspection/Date de l'inspection**

January 11, 2011

**Inspection No/ d'inspection**

2011\_170\_2603\_11Jan092913

**Type of Inspection/Genre d'inspection**

Critical Incident L-01855

**Licensee/Titulaire**

Caessant-Care Nursing and Retirement Homes Limited, 264 Norwich Avenue, Woodstock, ON N4S 3V9

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

Caessant Care Fergus, 450 Queen Street East, Fergus, ON N1M 2Y7

**Name of Inspector/Nom de l'inspecteur**

Dianne Wilbee #170

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a critical incident inspection related to use of a restraint.

During the course of the inspection, the inspector(s) spoke with: Administrator, Director of Care,  
RAI Co-ordinator, 2 Personal Support Workers, 2 Nurses Aides, 1 Resident.

During the course of the inspection, the inspector(s): Toured home areas, observed residents, reviewed  
related policies and procedures, reviewed resident records

The following Inspection Protocols were used in part or in whole during this inspection:

- Critical Incident
- Minimizing Restraint



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

4 WN  
4 VPC

## 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 la 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.110(2)**, Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act:

1. That staff only apply the physical device that has been ordered or approved by a physician or registered nurse in the extended class.

### Findings:

- A resident's seat belt restraint was not discontinued as per a physician's order.

**Inspector ID #:** 170

**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 the requirement for an order or approval by a physician or registered nurse in the extended class for application of a physical restraint device, to be implemented voluntarily.

**WN #2:** The Licensee has failed to comply with **O.Reg.79/10, s.110(1)**, Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act:

1. Staff apply the physical device in accordance with any manufacturer's instructions.

### Findings:

- A restraint seatbelt was inappropriately applied resulting in the resident requiring medical assessment.
- January 11, 2011 a front closure restraint belt was improperly applied.

**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 the correct application of a physical device used as a restraint, to be implemented voluntarily.

**WN #3:** The Licensee has failed to comply with O.Reg. 79/10, s.24(3)(b), The licensee shall ensure that the care plan sets out,

(b) clear directions to staff and others who provide direct care to the resident.

**Findings:**

- A resident's plan of care was not current for use of a safety device.
- Recommendations from an Occupational Therapist's assessment were not on the plan of care.

**Inspector ID #:** 170

**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 the accuracy of the plan of care, to be implemented voluntarily.

**WN #4:** The Licensee has failed to comply with O.Reg. 79/10, s.109(b)(ii), Every licensee of a long-term care home shall ensure that the home's written policy under section 29 of the Act deals with, (b) duties and responsibilities of staff, including,

(ii) ensuring that all appropriate staff are aware at all times of when a resident is being restrained by use of a physical device

**Findings:**

- January 11, 2011 nursing staff were not aware of and were unable to identify the residents who were currently restrained with a physical device.

**Inspector ID #:** 170

**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 the use of a physical device as a restraint, 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.

*Dianne Kilbee*

Title:

Date:

Date of Report: January 26, 2011