



**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

London Service Area Office
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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
système de santé

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conformité

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Licensee Copy/Copie du Titulaire



Public Copy/Copie Public

Date of inspection/Date de l'inspection

October 7 & 8, 2010

Inspection No/ d'inspection

2010_112_2730_07Oct094740

Type of Inspection/Genre d'inspection

L-01414 - Follow Up

Licensee/Titulaire

Caessant Care Nursing and Retirement Homes Limited, 264 Norwich Ave., Woodstock, ON N4S 3V9

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

Caessant Care on Bonnie Place, 15 Bonnie Place, St Thomas, ON N5R 5T8

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

Carole Alexander #112

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a follow up inspection to previous complaint investigations related to the following:

- 1) resident care assessments
- 2) restraints
- 3) medications
- 4) Registered Nurse staffing

During the course of the inspection, the inspector spoke with the administrator and the DOC.

During the course of the inspection, the inspector reviewed a copy of the Registered staffing schedule for October 2010.

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

Medication Inspection Protocol

Minimizing of restraining Inspection Protocol

Pain Inspection Protocol



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

1 WN

1 CO: CO # 001

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 LTCHA 2007, S.O. 2007 c.8 s. 8(3)

Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations.

Findings:

The licensee did not have 24 hour RN coverage: October 1 X 8hours on the day shift, October 5 X 4 hours on the day shift and October 7 X 4 hours on the day shift

Inspector ID #: 112

Additional Required Actions:

CO # - 001.

CORRECTED NON-COMPLIANCE

Non-respects à Corrigé

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
Long Term Care Program Manual	Unmet criteria B1.16	N/A	2010_112_2730_07Oct094740	112
Long Term Care Program Manual	Unmet criteria B1.6	N/A	2010_112_2730_07Oct094740	112
Long Term Care Program Manual	Unmet criteria B3.45	N/A	2010_112_2730_07Oct094740	112
Long Term Care Program Manual	Unmet criteria B5.4	N/A	2010_112_2730_07Oct094740	112
Long Term Care Program Manual	Unmet criteria C1.17	N/A	2010_112_2730_07Oct094740	112
Long Term Care Program Manual	Unmet criteria A1.19	N/A	2010_112_2730_07Oct094740	112



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Long Term Care Program Manual	Unmet criteria M1.6	N/A	2010_112_2730_07Oct094740	112
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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: October 15, 2010	