



**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**

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 October 29, 2010	Inspection No/ d'inspection 2010_191_2730_29Oct101658	Type of Inspection/Genre d'inspection Complaint L-01413
Licensee/Titulaire Caressant-Care Nursing and Retirement Homes Ltd., 264 Norwich Avenue, Woodstock ON N4S 3V9		
Long-Term Care Home/Foyer de soins de longue durée Caressant Care on Bonnie Place, 15 Bonnie Place, St. Thomas ON N5R 5T8		
Name of Inspector/Nom de l'inspecteur Kim White #191		
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, Director of Care, RAI Coordinator, Health Care Aide. During the course of the inspection, the inspector: reviewed the records of discharged resident, reviewed the LTCH policy and procedures related to Abuse/Neglect and Complaint reporting. The following Inspection Protocols were used in part or in whole during this inspection: Prevention of Abuse and Neglect. ☒ Findings of Non-Compliance were found during this inspection. The following action was taken: 1 WN 1 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 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.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 and procedure of the organization dated November 2002 and titled, "Abuse – Staff to Resident, Family to Resident, Resident to Resident, Resident and/or Family to Staff", states under Procedure: Staff to Resident Abuse, #6. "The DON or Administrator may, when warranted, take photographs of the victim's injuries (with permission)." Review of resident chart on October 29, 2010 revealed documentation of pictures of arm bruising being taken and referenced during an alleged staff to resident abuse incident, however the pictures were not a part of the chart and staff of the LTCH were not able to locate the pictures.

Inspector ID #: 191

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, ensuring they comply with their facility policy and procedure.

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: (if different from date(s) of inspection).

November 5, 2010