



Ministry of Health and Long-Term Care

Long-Term Care Homes Division
 Long-Term Inspections Branch

Ministère de la Santé et des Soins de longue durée

Inspection de soins de longue durée
 Division des foyers de soins de longue durée

Order(s) of the Director

under the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Director:	Karen Simpson
Order Type:	<input type="checkbox"/> Amend or Impose Conditions on Licence Order, section 104 <input type="checkbox"/> Renovation of Municipal Home Order, section 135 <input checked="" type="checkbox"/> Compliance Order, section 153 <input type="checkbox"/> Work and Activity Order, section 154 <input type="checkbox"/> Return of Funding Order, section 155 <input type="checkbox"/> Mandatory Management Order, section 156 <input type="checkbox"/> Revocation of Licence Order, section 157 <input type="checkbox"/> Interim Manager Order, section 157
Intake Log # of original inspection (if applicable):	
Original Inspection #:	
Licensee:	Caressant Care Nursing and Retirement Homes Limited 264 Norwich Avenue Woodstock, ON N4S 3V9
LTC Home:	Caressant Care Fergus 450 Queen Street East Fergus, ON N1M 2Y7
Name of Administrator:	Charlie Warren

Background:

On September 14, 2017, as part of Inspection #2017_508137_0018, a Director Referral was made in accordance with s.152, paragraph 4 of *Long-Term Care Homes Act, 2007* (LTCHA). The Director Referral was made after the inspector reissued a fourth consecutive order to Caressant Care Nursing and Retirement Homes Limited in respect of non-compliance found at Caressant Care Fergus under the LTCHA, 2007 S.O. 2007, c.8, s. 15 (2)(a), and reissued a third consecutive order under the LTCHA, 2007 S.O. 2007, c.8, s. 15 (2)(c). This is the fifth time that



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Caressant Care Nursing and Retirement Homes Limited has been found to be in non-compliance with the LTCHA, 2007 S.O. 2007, c.8, s. 15 (2) at Caressant Care Fergus since 2014. The inspector also reissued a second consecutive order under the LTCHA, 2007 S.O. 2007, c.8, s. 19. This is the third time that Caressant Care Nursing and Retirement Homes Limited has been found to be in non-compliance with the LTCHA, 2007 S.O. 2007, c.8, s. 19, at Caressant Care Fergus since 2016. As part of the Director's Referral, the Director has considered the scope and severity of the non-compliances identified in inspection 2017_508137_0018, along with the licensee's history of compliance, and has determined that it is necessary to issue this Order.

Order:	#003 – Caressant Care Nursing and Retirement Homes Limited
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To Caressant Care Nursing and Retirement Homes Limited, you are hereby required to comply with the following order(s) by the date(s) set out below:

Pursuant to:

LTCHA, 2007 S.O. 2007, c.8, s. 101 (3) and s. 101 (4)

s. 101 (3) It is a condition of every licence that the licensee shall comply with this Act, the *Local Health System Integration Act, 2006*, the *Commitment to the Future of Medicare Act, 2004*, the regulations, and every order made or agreement entered into under this Act and those Acts.

s. 101 (4) Every licensee shall comply with the conditions to which the licence is subject.

Order:

1) The Licensee will submit a plan to provide coaching and mentoring support to the Administrator and Director of Care at Caressant Care Fergus relating to their respective roles and responsibilities specifically with respect to ensuring and sustaining compliance with requirements under the LTCHA. Given the repeated non-compliance with Orders and Director's Referrals at this home, the lack of understanding exhibited to ministry inspectors with respect to requirements under the LTCHA and the actions needed to address the non-compliance, it is necessary to ensure the leadership team at the home is well positioned to ensure the care and safety of residents in the home. This coaching and mentoring will support the Administrator and Director of Care to achieve compliance with the specific areas of non-compliance and ensure they have the knowledge and skills to sustain that compliance.



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This coaching and mentoring will be provided by an individual or agency with extensive experience as a Long-Term Care Home Administrator or who provides management services for a Long-Term Care Home. The plan will include the areas to be covered in the coaching and mentoring, timelines for the coaching and mentoring and a report at the end of the mentoring period confirming the areas identified have been covered. The areas covered are to include at a minimum, a detailed overview of the LTCHA and Regulation 79/10, with a particular focus on the current outstanding non-compliance, the requirements of outstanding Inspector and Director's Orders and areas of non-compliance identified in recent inspections.

The plan is to be submitted to Karen Simpson, Director, by fax to 613-569-9670 or courier to 347 Preston Street, Suite 420, Ottawa, Ontario, K1S 3J4 by October 20, 2017.

Grounds:

I have reviewed Inspection report #2017_508137_0018, the Orders issued as a result of this inspection and the evidence gathered by the inspectors.

A Director's Referral was made by the Inspector referring the non-compliance identified in the inspection to the Director. This Director Referral was made after the inspector issued a fourth consecutive order to Caressant Care Nursing and Retirement Homes Limited in respect of non-compliance found at Caressant Care Fergus under the LTCHA, 2007 S.O. 2007, c.8, s. 15 (2)(a) and issued a third consecutive order under the LTCHA, 2007 S.O. 2007, c.8, s. 15 (2)(c). This is the fifth time that Caressant Care Nursing and Retirement Homes Limited has been found to be in non-compliance with the LTCHA, 2007 S.O. 2007, c.8, s. 15 (2), at Caressant Care Fergus since 2014.

The inspector also issued a second consecutive order under the LTCHA, 2007 S.O. 2007, c.8, s. 19. This is the third time that Caressant Care Nursing and Retirement Homes Limited has been found to be in non-compliance with the LTCHA, 2007 S.O. 2007, c.8, s. 19, at Caressant Care Fergus since 2016.

Upon review of Inspection report #2017_508137_0018, the Orders issued in that inspection, the evidence gathered during that inspection as well as the non-compliance, Orders and evidence gathered in inspections # 2016_262523_0038, Inspection #2016_325568_0015, and Inspection #2015_448155_0020 I have found the following grounds to support this Order:

- 1)
On August 29, 2017, the Inspector asked the Director of Nursing about what had been done to comply with outstanding Orders and in particular the required review of the Falls Prevention Program. During this interview the Director of Nursing opened a folder with inspection reports and indicated to the inspector that there were no Orders about the Falls prevention program. She was aware of the non-compliance in the report but indicated there were no Orders. The inspector

explained that there was a separate Orders report attached to the Inspection report and if she kept reading she would find that Orders report. The Director of Nursing then found the Orders report and the inspector read the Order with the Director of Nursing.

On August 29, 2017, the Inspector asked the Director of Nursing if she was aware of all of the Orders. She informed the inspector that when they first came she wrote a plan related to the Orders but more related to the BSO Order and gave it to the Administrator and then the Administrator would discuss it with the main office but then she did not hear anything back. She confirmed she did not know there was an Order in relation to the Falls Prevention Program

2)

Previously issued Order #001 issued in Inspection #2016_26523_0040 was re-issued in Inspection #2017_508137_0018 as Order #001.

3)

With respect to the previously issued Order #001 issued in Inspection #2016_26523_0040 and re-issued on Inspection #2017_508137_0018 as Order #002. Previous non-compliance also includes a Written notification and Compliance Order on August 4, 2016 under Inspection #2016_325568_0015 and a Written Notification and a Compliance Order on March 16, 2016 under Inspection #2015_448155_0020.

My review of the Inspection report and Orders from Inspection #2016_26253_0038 issued on February 24, 2017 and re-issued at the Follow-up inspection, confirms that an Order was issued in this inspection requiring the licensee to:

- Ensure that there is a process developed and implemented for the scheduled cleaning of the home, furnishings and equipment including window screens, light covers, ceiling tiles, privacy curtains, flooring and baseboards in resident rooms, bathrooms and common areas. In addition, it was ordered that there was a monitoring process developed and implemented including the staff responsible for monitoring to ensure that the home, furnishings and equipment are kept clean and sanitary.

During Inspection # 2017_508137_0018 the inspector interviewed the Administrator and Environmental Manager on August 24, 2017. During this interview the Inspector asked who was responsible to review housekeeping procedures to ensure that there were methods/processes in place for monitoring the cleaning schedules, to which the Administrator said "that would be me". When the Inspector asked how often monitoring had been done, the Administrator said "I've only done it once since I started but will be doing it more often now". When the Inspector asked if management conducted weekly walkabouts and/or audits, the Administrator said "I don't do weekly checks but I will be starting. I was looking at the big picture instead".

During an interview on August 29, 2017, the Administrator said they understood that the Compliance Order was not complied with by the compliance due date of March 31, 2017 but that

they were going to put an action plan in place.

4)
With respect to Order #002 issued in Inspection #2016_262523_0040 and re-issued as Order #003 in Inspection #2017_508137_0018 as Order #003:

I reviewed the Order #002 issued in Inspection #2016_262523_0040, that was re-issued at the Follow-up inspection, and identified that the licensee was ordered to:

- Ensure that residents were not neglected by the licensee or staff;
- That the licensee was to complete a review of the falls prevention program and ensure that residents are assessed post falls and their plan of care is updated accordingly; and
- That the licensee shall ensure that the physician is called and informed at the time there is a change in the resident's status.

The Director of Nursing said that the home did not complete a review of the falls prevention program. She acknowledged that the review of the falls prevention program was part of the Compliance Order and that it was not completed yet.

5)
With respect to Order #003 issued in Inspection #2016_262523_0038 and re-issued as Order #004 in Inspection #2017_508137_0018. Previous non-compliance includes a written notification and a Compliance Order issued on August 4, 2016 under Inspection #2016_325568_0015 during a Resident Quality Inspection (RQI):

I reviewed Compliance Order #003 issued in Inspection # 2016_262523_0038, which was re-issued at the Follow-up inspection, and identified that the licensee was ordered to ensure that, for each resident demonstrating responsive behaviours:

- The behavioural triggers for the resident are identified, where possible;
- Strategies are developed and implemented to respond to these behaviours where possible; and
- Actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's response to interventions are documented.

During an interview, on August 28, 2017, the Inspector asked the Director of Nursing if a process had been developed and implemented for all residents demonstrating responsive behaviours to ensure strategies have been developed and implemented to respond to the residents' responsive behaviours, including staff roles and responsibilities, as well as who was responsible for monitoring the implementation of the strategies. The Director of Nursing said that the Resident Care Coordinator had been responsible for the Behaviour Support Program Ontario (BSO) team but was no longer employed at the home. The DON was not aware if a process had been developed or if Head Office had developed anything.

During an interview on August 29, 2017, the DON said that the Responsive Behaviour Program needed improvement as it did not meet legislative requirements and it was understood that the Compliance Order was not complied with by the compliance due date of March 31, 2017. The Administrator and DON said they would check with Head Office and other homes for assistance related to strengthening their responsive behaviour program.

6)
With respect to Order #004 issued in Inspection #2016_262523_0038 and re-issued as Order #005 in Inspection #2017_508137_0018:

I reviewed Order #004 issued in Inspection # 2016_262523_0038 and identified that the following Order was provided to the licensee which then had to be re-issued at the follow up inspection:

The licensee shall ensure that procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of the resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents.

During interviews on August 28, 2017 the Director of Nursing and the BSO RPN, both said that procedures and interventions had not been developed and implemented to assist residents and staff who were at risk of harm or who were harmed as a result of resident's behaviours, including responsive behaviours and to minimize the risk of altercations and potentially harmful interactions between and among residents. The Director of Nursing was unsure if Head Office had developed anything. During an interview on August 29, 2017 the Director of Nursing said that the Responsive Behaviour Program needed improvement as it did not meet the legislative requirements and they understood that the Compliance Order was not complied with by the due date of March 31, 2017.

7)
This Order is necessary given:

- the scope and severity of the non-compliances identified in Inspection #2017_508137_0018;
- that all of the areas of non-compliance with Orders issued in Inspection #2017_508137_0018 have been issued before and in some cases multiple times;
- the lack of action by the leadership team in the home, in particular the Administrator and Director of Nursing, to comply with outstanding compliance orders by the compliance date and to address the non-compliance;
- The lack of support and oversight provided by the licensee to ensure compliance with requirements under the LTCHA; and
- the impact of the non-compliance on the quality of care, quality of life, safety and security



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of the residents in the home and my conclusion that the leadership team in the home, in particular the Administrator and Director of Nursing, will not be able to achieve and sustain compliance with requirements under the LTCHA without the help and support identified in this Order.

This Order must be complied with by:

October 31, 2017

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to appeal this Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with this Order, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

and the

Director

c/o Appeals Clerk
Long-Term Care Inspections Branch
1075 Bay St., 11th Floor, Suite 1100
Toronto ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 4th day of October, 2017.

Signature of Director:

Name of Director:

Version date: 2017/02/15