



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:	
<p>On September 14, 2017, as part of Inspection #2017_508137_0018, a Director Referral was made in accordance with s.152, paragraph 4 of <i>Long-Term Care Homes Act, 2007</i> (LTCHA). The Director Referral was made after the inspector 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, since 2016. As part of the Director's Referral, the Director has considered the</p>	



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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:

#002 – Caressant Care Nursing and Retirement Homes Limited

Amended December 22, 2017 to amend the Compliance Due Date

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. 19. The licensee shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Order:

- 1) To bring in a consultant from an external company with extensive experience in managing or operating LTC homes to conduct a review of the following areas and make recommendations for improvement regarding the following:
 - a. the falls and responsive behavior programs;
 - b. The other required programs as set out in the *Long-Term Care Homes Act, 2007* (LTCHA), s. 8 - 16 and O. Reg 79/10, s. 48;
 - c. The equipment available within the home to support the assessed care and safety needs of residents including bed alarms, chair alarms, and posey alarms.
- 2) Upon completion of the review the findings and recommendations will be set out in a report which will be provided by the consultant to both the licensee and the Director under the Act. This review and findings must be finalized no later than November 30, 2017.
- 3) Within two weeks of receiving the report from the review, the licensee will submit a plan to the Director identifying the recommendations that will be implemented and the timelines for implementation. That plan will be reviewed by the Director and may require changes based on the Director's review of the report and the plan submitted by the licensee. Upon approval of the plan by the Director, the licensee will implement the actions identified.

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 December 15, 2017.

Grounds:

This Order is necessary given the scope and severity of the non-compliances identified in Inspection #2017_508137_0018 outlined below in addition to non-compliance with Orders previously issued.

This Order is being issued to ensure the licensee achieves compliance with the serious and on-going non-compliance identified below by taking the actions identified by the Director in this Order, in addition to the actions identified by inspectors in the compliance orders issued following Inspection #2017_508137_0018.

As Director, I have relied on the evidence gathered in this inspection. I have also reviewed the inspection report, the Orders and the inspectors' analysis of the scope, severity and the compliance history associated with the non-compliance identified and I have determined that a Director's Order is warranted given that non-compliance with LTCHA, 2007, c.8, s.19 was found at Caressant Care Fergus for a second consecutive time and considering the compliance history of the licensee with respect to the legislative requirements identified within this Order.

Specific evidence of the non-compliance identified, and that is relied on by the Director is contained within the follow-up inspection report noted below as well as in other inspections listed in the compliance history described below in this Order.

- **September 14, 2017:** A follow-up inspection was conducted on Aug 24, 25, 28, and 29, 2017. The inspection report for inspection #2017_508137_0018 and Director Referral issued for CO #003 and linked to existing order: 2016_262523_0038, CO #002, served on the licensee September 14, 2017 with compliance due date October 31, 2017. The Director Referral is in relation to LTCHA, 2007 S.O. 2007, s 8, s. 19. (1) The licensee failed to ensure that residents were not neglected by the licensee or staff. The home failed to protect residents from neglect regarding post falls assessment and plans of care; notification of physician, access and availability to equipment to support the resident care needs and the review of falls prevention program, all areas that had been specifically issued before.
 - The evidence gathered in this inspection demonstrates that despite the Orders issued on February 24, 2017 and detailed below, the licensee had failed to act on the Orders of the Inspector and there were new and repeated areas of non-compliance related to identical issues and concerns putting residents at further risk



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of harm or of actual harm.

- **February 24, 2017:** A Complaint inspection was conducted in October and November of 2016. During that inspection it was identified that the licensee had failed to ensure that staff and others involved in the different aspects of care of the resident collaborate with each other. The Licensee was ordered in February, 2017, to ensure that staff involved in the residents care collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other.
 - **During the same inspection the Licensee was also ordered to ensure that residents are not neglected by the licensee or staff.** The licensee was ordered to complete a review of the falls prevention program and ensure that residents are assessed post falls and their plan of care updated accordingly. The licensee was to ensure that the physician is called and informed at the time that there is a change in the residents status.

Compliance History: Previous Inspection where s. 19 was issued:

LTCHA, 2007, S.O. 2007, c.8, s.19 previously issued in relation to the licensee's failure ensures residents are not neglected by the licensee or staff:

- **February 24, 2017-** Written Notification and a Compliance Order #002 issued during a Complaint Inspection, under Inspection #2016_262523_0040 with Compliance Due Date March 31, 2017.

Additional areas of non-compliance with Compliance Order(s) issued during 2016/2017 inspections:

- **O. Reg. 79/10, s. 53(4)** - Strategies to respond to residents' responsive behaviours
Sept. 14, 2017- FU #2017_508137_0018 WN, CO, due date October 31, 2017
Feb. 24, 2017 – FU #2016_262523_0038 WN, CO, due date March 31, 2017
Aug. 4, 2016 – RQI # 2016_325568_0015, WN, CO, due date Sept 19, 2016
- **O. Reg. 79/10, s. 55** – Procedures to minimize risk of altercation responsive behaviours
Sept. 14, 2017- FU #2017_508137_0018 WN, CO, due date October 31, 2017
Feb. 24, 2017 – FU #2016_262523_0038 WN, CO, due date March 31, 2017
Aug. 4, 2016 – RQI # 2016_325568_0015, WN, CO, due date Sept 19, 2016
- **LTCHA, 2007, s. 6(4)** – Staff collaborate in assessments of residents re falls prevention
Sept. 14, 2017- Complaint #2016_262523_0040 WN, CO, due date October 31, 2017
Feb. 24, 2017 – FU #2016_262523_0038 WN, CO, due date March 31, 2017



Additional areas of non-compliance issued during inspections over the past year related to complying with requirements such as residents' plans of care, responsive behaviours, residents' personal care, grooming and hygiene, and abuse and neglect training for staff as detailed below.

Given the breadth of the non-compliance identified in this home over the past year in the following areas:

- Failure to protect from abuse and/or neglect;
- Assessment and re-assessment of resident's care needs;
- Required training in relation to the prevention of abuse and neglect;
- Skin and wound care;
- Responsive behaviours;
- Falls prevention.

I have identified that a complete review of the home's programs as required under the LTCHA, s. 8 – 16 and O. Reg. 79/10, s. 48 is necessary to make sure the home makes the required improvements to ensure care is provided to residents as required by the Act and the Regulations.

Compliance History:

Critical Incident Inspection #2017 601532 004 – April 25, 2017 WN, VPC - s. 6 (10)(b)

Re: Resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when, the resident's care needs changed or care set out in the plan was no longer necessary.

WN, VPC - s. 20 (3) Re: The policy to promote zero tolerance of abuse and neglect of residents was communicated to all staff, residents and SDMs.

WN, VPC - s. 76 (2)4 Re: Staff received training in the area of mandatory reporting under section 24 of the Act of improper or incompetent treatment or care, unlawful conduct, abuse or neglect resulting in harm or potential harm to a resident, prior to performing their responsibilities.

WN, VPC - s. 221 (2) Re: All staff who provided direct care to residents, received training relating to abuse recognition and prevention: annually and as determined by the licensee, based on the assessed training needs of the individual staff member.

WN - s. 98 Re: The appropriate police force was immediately notified of any alleged, suspected, or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence.

Complaint Inspection February 23, 24, 2017: #2016 538 144 0078

WN, VPC- s. 6(7) Re: The care set out in the plan of care was provided to the resident as specified in the plan.

WN, VPC - s. 8(1)(b) Re: Compliance with the home's weight policy.

WN, VPC - s. 129(1)(a) Re: Drugs were stored in an area or medication cart, that was used exclusively for drugs and drug-related supplies and that was secured and locked.

WN, VPC - s. 231(b) Re: resident's written record was kept up to date at all times.

Critical Incident Inspection– February 23, 2017 #2016 262523 0039

WN, VPC - s. 3(1) 3, 3(1) 4 and 3(1) 8 Re: The resident's right not to be neglected by the licensee or staff was fully respected and promoted; the resident's right to be properly cared for in a manner consistent with his or her needs was fully respected and promoted; and the resident's rights to be afforded privacy in treatment and in caring for his or her personal needs was fully respected and promoted.

WN, VPC- s. 6 (4)(a) and 6(7) Re: Staff and others involved in the different aspects of care of the resident collaborate with each other in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and the care set out in the plan of care was provided to the resident as specified in the plan.

WN, VPC - s. 20(1) Re: Compliance with the home's policy to promote zero tolerance of abuse of residents.

WN, VPC – s. 26(3)15 and 26(3)19 Re: The plan of care was based on, at a minimum, an interdisciplinary assessment of the resident's skin condition, including altered skin integrity and safety risks with respect to the resident.

WN - s. 91 Re: all hazardous substances at the home were kept inaccessible to residents at all times.

WN - s. 107(4) Re: Licensee inform the Director of an incident within 10 days or sooner if required by the Director, make a report in writing to the Director setting out the outcome or current status of the individual or individuals who were involved in the incident.

Follow up Inspection - October 26, 27, 28, 31, November 1, 2, 3, 4, 7, 8 and 9, 2016

WN, CO, DR - s. 15 (2) (b) Re: The home's furnishings and equipment were kept clean and sanitary.

WN, CO - s. 15 (2) (c) Re: The home, furnishings and equipment were maintained in a safe condition and in a good state of repair.

WN, CO - s. 53 (4) Re: For each resident demonstrating responsive behaviours, the behavioural triggers for the resident were identified, strategies were developed and implemented to respond to these behaviours and actions were taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions were documented.

WN, CO - s. 55 Re: procedures and interventions were developed and implemented to assist residents and staff who were at risk of harm or who were harmed as a result of a



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resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents.

WN, VPC - s. 87 (2) Re: Procedures developed and implemented for addressing incidents of lingering offensive odours.

Complaint Inspection- February 24, 2017 #2016 26523 0040:

WN, CO - s. 6 (4) Re: Staff and others involved in the different aspects of care collaborated with each other in the assessment of the resident so that their assessments were collaborated, consistent with and complemented each other.

WN, CO - s. 19 (1) Re: Residents were neglected by the licensee or staff.

Complaint Inspection December 9, 2016 #2016 538144 0079

WN, VPC - s. 3(1)1 Re: The resident's right to be treated with courtesy and respect and in a way that fully recognized their individuality and respected their dignity.

WN, VPC – s. 26(3)15 Re: The plan of care was based on, at a minimum, interdisciplinary assessment of the resident's skin condition, including altered skin integrity.

**This Order must be complied with
by:**

March 31, 2018



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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 22nd day of December, 2017.	
Signature of Director:	
Name of Director:	Karen Simpson

Version date: 2017/12/22