

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Original Public Report

Report Issue Date: January 11, 2024	
Inspection Number: 2023-1108-0006	
Inspection Type: Proactive Compliance Inspection	
Licensee: Caessant-Care Nursing and Retirement Homes Limited	
Long Term Care Home and City: Caessant Care Harriston, Harriston	
Lead Inspector Kaitlyn Puklicz (000685)	Inspector Digital Signature
Additional Inspector(s) Nuzhat Uddin (532) Dianne Tone (000686)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): December 12-15, 18-21, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake: #00103637 - PCI
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The following **Inspection Protocols** were used during this inspection:

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Medication Management

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Food, Nutrition and Hydration
Residents' and Family Councils
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Residents' Bill of Rights

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 3 (1) 1.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.

Rationale and Summary

The licensee has failed to ensure that a resident was treated with courtesy and respect and in a way that fully recognized the resident's inherent dignity, worth and individuality.

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A Personal Support Worker (PSW) was assisting a resident with their meal when inspector #532 overheard the PSW speaking to the resident in a boisterous and inappropriate manner. They were also observed mixing resident's food and drinks together during this same meal service. This was not something the resident had requested or that was part of their plan of care and the resident did not finish their meal.

There were staff and family members present in the dining room.

The PSW acknowledged that they spoke too loudly without realizing it when working with the resident.

The resident's right to be treated with respect and dignity was diminished when a PSW did not interact with the resident in a respectful tone and manner.

Sources: Observations, record review and interview with a PSW.

[532]

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

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Rationale and Summary

The licensee has failed to ensure that an allegation of abuse related to a resident was reported to the Director immediately.

A staff member reported having witnessed a PSW behaving in an inappropriate manner towards a resident. That staff member stated that they found the PSW's approach towards the resident demeaning and noted that the resident's anxiety and behaviour would worsen when the PSW worked with the resident. They further stated that the PSW's behaviours could be considered as both verbal and physical abuse.

The alleged abuse was reported to the Director of Care (DOC) by inspector #532, and the DOC stated they would follow the home's policy on prevention of abuse in investigating the incident; however, the incident report was not completed until two days later.

The home's failure to report to the Director immediately after becoming aware of an allegation of abuse of a resident may have delayed the Director's ability to respond to the incident in a timely manner.

Sources: Observations, record review and interviews with PSWs and the DOC.

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WRITTEN NOTIFICATION: Nutritional care and hydration programs

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)

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Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;

The licensee has failed to ensure that the nutritional care and dietary services program was implemented.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that there is an organized program of nutritional care and dietary services which includes the implementation of policies relating to nutritional care and dietary services and hydration, that must be complied with.

Rationale and Summary

A) The home's "Meal Service" policy, last reviewed June 13, 2023, stated that food served shall not be stirred together, unless requested by the resident and/or indicated on the resident's plan of care.

During a meal service, a PSW was observed mixing and stirring food together for two residents. The PSW mixed chocolate milk in the coffee, and strawberry mousse inside the chocolate milk, and for one of the residents, their main course was also mixed into an insulated mug.

The PSW stated that they were aware of the policy that states that foods should not be mixed together. They stated that they only mixed it for one of the residents, and it was done to ensure the resident ate better. The plan of care for both residents did

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not direct staff to mix their food items together.

Both residents did not finish their meal.

When the PSW mixed their foods together, it may have contributed to both residents not finishing their meals.

Sources : "Meal Service" policy, LTC-NUTR-S4-30.0, last reviewed June 13, 2023, plan of care for both residents, interviews with a PSW and other staff.

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B) The home's "Meal Service" policy, last reviewed June 13, 2023, stated each resident will be presented meals verbally and visually.

During meal observations, meals were either presented only verbally or with a single show plate.

Multiple residents stated that only one of the meal options was presented on a show plate at meal times. One resident stated this was confusing.

A dietary aide stated that only one show plate was prepared and presented to residents. The second meal choice was verbally communicated to the residents.

The residents' meal experience may have been less pleasurable and accommodating when staff didn't provide any visual presentations of the meals or provided only a single show plate.

Sources: Observations, the home's Meal Service policy, LTC-NUTR-S4-30.0, last

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reviewed June 13, 2023, interviews with residents and a dietary aide.

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C) According to the home's "Meal Service" policy, last reviewed June 13, 2023, meals will be served according to a designated table rotation.

On two consecutive days in December, there was a table rotation schedule displayed in the large dining room titled "July". Inspector #000685 brought this forward to a dietary aide on the second day, but no action was taken to correct it. The dietary aide stated it was the responsibility of the Food and Nutrition Manager (FNM) to rotate the schedule every month. Five days later, the posted table rotation schedule remained the same.

During multiple meal observations in December, it was evident that the posted table rotation was not being followed.

Another dietary aide stated that they do not follow a table rotation as staff do not have time to go table by table; therefore, meals were not served according to a table rotation.

A third dietary aide stated they were unaware that the rotation schedule was incorrect and that it should be changed. After the meal service, they brought this forward to the FNM who then changed the posted schedule to December.

The residents' meal experience may have been negatively impacted when staff did not follow a table rotation leading to an unfair distribution of the residents' meals.

Sources: Observations, the home's Meal Service policy, LTC-NUTR-S4-30.0, last

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reviewed June 13, 2023, interviews with three dietary aides.

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**WRITTEN NOTIFICATION: Infection prevention and control
program**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

Rationale and Summary

On two consecutive dates in December, a resident's room had a PPE caddy hanging on their door but no signage on or near their door indicating the type of additional precautions required. When asked, one PSW was unable to identify the type of isolation the resident was in and another PSW told the inspector that it was not clear what type of isolation or which resident required additional precautions, as it was a semi-private room.

According to the IPAC Standard for Long-Term Care Homes, revised September 2023, Additional Precautions shall include: point-of-care signage indicating that enhanced IPAC control measures are in place.

The home's Contact Precautions policy stated that Contact Precaution signage must be clearly posted on the resident's door, clearly visible to all staff, residents and

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visitors.

The Infection Prevention and Control (IPAC) lead stated that this resident required additional precautions and that contact precaution signage should have been posted outside their room. They also stated that this error could have led to risk of transmission to other residents or to staff.

Due to a lack of additional precaution signage, there was risk that staff would not take the appropriate precautions and wear appropriate PPE when entering the resident's room.

Sources: IPAC Standard, revised Sept 2023, clinical record for a resident, the home's Contact Precautions P and P, LTC-IPAC-S7-10.0, reviewed October 2023, and interviews with two PSWs and the IPAC lead.

[000685]

WRITTEN NOTIFICATION: Non-allowable resident charges

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 289 8.

Non-allowable resident charges

s. 289 8. Charges for anything the licensee shall ensure is provided to a resident under this Regulation, unless a charge is expressly permitted.

Rationale and Summary

The following charges were prohibited for the purposes of paragraph 4 of subsection 94 (1) of the Act: Charges for anything the licensee shall ensure was

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provided to a resident under this Regulation, unless a charge is expressly permitted.

Based on an interview with the Skin and Wound Lead, it was discovered that the residents that required further assessment by a wound care specialist were paying for their own skin and wound assessments.

According to the receipts, in 2023, two residents were required to pay for their own consultations with the wound care specialist.

The DOC also confirmed that the residents and their families continue to pay for their Enterostomal Therapy (ET) nurse consultations.

Homes are provided with funding through the Ministry of Long-Term Care for nursing and personal care services which includes direct care provided by external clinical consultants. Therefore, two residents were charged improperly by the home in 2023 for services that should have been funded by the home in order to promote wound healing and prevent infection through an ET consultation and assessment.

Sources: Eligible Expenditures Guideline, Ontario's Long Term Care Home—updated April 2011, ET nurse consultation receipts, interviews with the Business/Office Manager, DOC and Skin and Wound Lead.

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