

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**Central East Service Area Office
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| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|--|---|-----------------------------------|--|
| Mar 23, 2022 | 2022_946111_0010 | 004861-22 | Complaint |

Licensee/Titulaire de permisCaessant-Care Nursing and Retirement Homes Limited
264 Norwich Avenue Woodstock ON N4S 3V9**Long-Term Care Home/Foyer de soins de longue durée**Caessant Care Lindsay Nursing Home
240 Mary Street West Lindsay ON K9V 5K5**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

LYNDA BROWN (111)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): March 14 & 15, 2022

An anonymous complaint related to maintenance was completed concurrently during this inspection.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Environmental Services Manager, Maintenance staff, Housekeeping (HSK) and Personal Support Worker (PSW).

During the course of the inspection, the inspector: completed tour of resident rooms, reviewed maintenance care application, Preventative Maintenance Program for Resident Rooms/Common areas and Maintenance Care Task policies.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance**

During the course of this inspection, Non-Compliances were issued.

2 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

| | |
|---|--|
| <p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p> | <p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p> |
| <p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p> | <p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p> |

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :

The licensee has failed to ensure that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair.

An anonymous complaint was received regarding the home not being kept in good state of repair. Observations by the Inspector on March 14, 2022, identified a number of resident rooms in an unsafe condition and in disrepair. Both the ESM and Maintenance were unaware of the identified rooms being in disrepair. The ESM indicated the identified rooms had last been audited in January 2022 during their quarterly audits and no disrepairs were noted at that time. The ESM indicated that nursing and housekeeping staff (HSK) were in the resident rooms daily, should have reported the maintenance concerns as per the home's process and confirmed the maintenance concerns had not been reported. Staff indicated awareness of the identified resident rooms being in disrepair for a number of weeks and confirmed the process for reporting maintenance concerns had not been followed. Failing to ensure these resident rooms were maintained in a safe and good state of repair resulted in the residents living in unsafe conditions and disrepair.

Sources: observations, Preventative Maintenance Program for resident rooms/common areas policy and Housekeeping Principle Functions policy and interview of staff.

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 to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks; O. Reg. 79/10, s. 90 (2).**

Findings/Faits saillants :

The licensee has failed to ensure that procedures were developed and implemented to ensure that the plumbing fixtures, toilets, sinks, grab bars and washroom fixtures were maintained and kept free of corrosion and cracks.

Observations by the Inspector on March 14, 2022, identified a number of resident bathrooms that did not have the toilets or sinks maintained and kept free of corrosion. Both the ESM and maintenance staff were unaware of the identified resident bathroom fixtures being in disrepair. A PSW and a HSK both confirmed awareness of the identified bathroom fixtures being in disrepair and confirmed the procedure for notifying maintenance of concerns was not followed. Failing to ensure procedures for maintaining plumbing fixtures, toilets and sinks are implemented resulted in residents living in an unsafe and unsanitary condition.

Source: observations and interview of staff .

Issued on this 25th day of March, 2022

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.