

**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  
centralwestdistrict.mltc@ontario.ca

**Original Public Report**

<b>Report Issue Date:</b> January 18, 2023	
<b>Inspection Number:</b> 2023-1170-0003	
<b>Inspection Type:</b> Critical Incident System	
<b>Licensee:</b> Caessant-Care Nursing and Retirement Homes Limited	
<b>Long Term Care Home and City:</b> Caessant Care Listowel Nursing Home, Listowel	
<b>Lead Inspector</b> Sydney Withers (740735)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Maria McGill (728) was on-site during this inspection	

**INSPECTION SUMMARY**

<p>The Inspection occurred on the following date(s): January 4-6, 9-10 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>• Intake: #00012107 was related to falls prevention and management.</li> </ul>
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The following **Inspection Protocols** were used during this inspection:

- Infection Prevention and Control
- Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

Non-compliance with: O. Reg. 246/22, s. 102 (15) 1.

The licensee has failed to ensure the home's Infection Prevention and Control (IPAC) Lead worked regularly in their position on site at the home for a minimum of 17.5 hours per week.

**Rationale and Summary**

Caressant Care Listowel Nursing Home had a licensed bed capacity of fewer than 69 beds, which required there to be an IPAC Lead working on site at the home for a minimum of 17.5 hours per week.

The Executive Director (ED) and Director of Care (DOC) said the registered staff member who was in the role of infection control nurse did not meet the minimum requirement of 17.5 hours per week. Email records between the ED and the home's Regional Director of Operations (RDO) indicated the home has not yet recruited a staff member to work as an IPAC Lead for the minimum required hours.

Not meeting the minimum required hours for IPAC Lead may have placed residents at risk of harm if gaps in the home's IPAC program were not identified and addressed.

**Sources:** Email records between ED and RDO (Dated: December 23, 2022); interview with ED and DOC. [740735]

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## WRITTEN NOTIFICATION: Falls Prevention and Management

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

Non-compliance with: O. Reg. 246/22, s. 54 (1)

The licensee has failed to ensure the home's falls prevention and management program was followed, specifically where staff were required to complete a head injury routine (HIR).

In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee is required to ensure the home has in place a falls prevention and management program which includes monitoring of residents, and that it is complied with.

Specifically, staff did not comply with the "Post Fall Head Injury Routine" procedure.

### Rationale and Summary

A resident's clinical records indicated they were transferred to hospital following their fall and returned from hospital one day later, within 72 hours post-fall. The HIR initiated following the fall showed one entry immediately post-fall; however, no HIR assessments were documented following the resident's return from hospital. A registered staff member stated the expectation is to complete the HIR once a resident returns from hospital, if they return within the 72-hour post-fall window. They said an HIR was not completed following the resident's return from hospital.

The post-fall assessment indicated that an HIR would be initiated as required by the home's policy. The home's "Post Fall Head Injury Routine" procedure directed staff to complete an HIR.

Not completing an HIR as per the home's policy may have placed the resident at risk of harm related to neurological symptoms not being detected.

**Sources:** Resident's clinical records; Policy #LTC-NURS-S10-50.0 "Post Fall Head Injury Routine Procedure" (Effective Dec 2022, Revised Dec 2022); interview with registered staff. [740735]