



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des Soins  
de longue durée**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection prévue  
sous la Loi de 2007 sur les foyers  
de soins de longue durée**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

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

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130 avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
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Télécopieur: (519) 873-1300

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
May 8, 2019	2019_722630_0009	004166-19, 004167-19	Follow up

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**Licensee/Titulaire de permis**

Caressant-Care Nursing and Retirement Homes Limited  
264 Norwich Avenue WOODSTOCK ON N4S 3V9

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**Long-Term Care Home/Foyer de soins de longue durée**

Caressant Care on Bonnie Place  
15 Bonnie Place St Thomas ON N5R 5T8

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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

AMIE GIBBS-WARD (630), JULIE LAMPMAN (522)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): April 17, 23, 24, 25, 26 and 29, 2019.**

**The following Follow-up intakes were completed within this inspection related to Compliance Orders (CO) from Inspection #2018\_725522\_0017:**

**Follow-up Log #004166-19 for CO #001 related to compliance with the plan of care;  
Follow-up Log #004167-19 for CO #002 related to compliance with the home's Falls  
Prevention and Management program policy for Head Injury Routine assessments.**

**During the course of the inspection, the inspector(s) spoke with the Caressant  
Care Regional Director Long-Term Care, the Executive Director (ED), the Director of  
Care (DOC), a Resident Care Coordinator (RCC), a Resident Assessment  
Instrument (RAI) Co-ordinator, Registered Nurses (RN), Registered Practical  
Nurses (RPNs), Personal Support Workers (PSWs) and residents.**

**The inspectors also observed resident rooms and common areas, observed  
residents and the care provided to them, reviewed health care records and plans of  
care for identified residents, reviewed policies and procedures of the home and  
reviewed various meeting minutes.**

**The following Inspection Protocols were used during this inspection:  
Falls Prevention  
Personal Support Services**

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

**1 WN(s)**

**0 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**



The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2018_725522_0017		522

**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>

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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**

**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**

**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

The licensee has failed to ensure that where the Act or Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee was required to ensure that the policy was complied with.

On February 15, 2019, during a Critical Incident System inspection #2018\_725522\_0017 compliance order #002 was issued and ordered the licensee to take action to achieve compliance by ensuring that the home's "Head Injury Routine" policy was complied with. The compliance due date was March 29, 2019.

Ontario Regulation 79/10 s. 48 (1) 1 states, "Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: A falls prevention and management program to reduce the incidence of falls and the risk of injury."

Ontario Regulation 79/10 s. 30 (1) 1 states, "Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation: There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required."



The home's policy "Head Injury Routine" with a review date of May 2018, noted in part the following:

“Immediately after a resident sustains a trauma to the head of an unwitnessed fall, the Registered Nurse in charge is to assess the resident, using the Glasgow Coma Scale and do a complete set of vital signs. Using the Glasgow Coma Scale as a documentation tool and vital signs, assess the resident for 72 hours with the following frequency: Every half hour for the first two hours following the injury, every hour for the next four hours, every four hours for the next eight hours, every shift for the remainder of the 72 hour monitoring.”

Inspector #522 reviewed a specific falls risk report for an identified resident which was related to an unwitnessed fall. A review of the resident's clinical record found that the staff had initiated the Head Injury Routine (HIR) for this fall.

A review of the resident's Glasgow Coma Scale (GCS) found that for specific times the staff had only documented the vital signs and oxygen saturation levels. The areas under coma scale and limb movement were not documented and it was noted that the resident was sleeping.

In an interview, an identified staff member reviewed the resident's completed Glasgow Coma Scale with Inspector #522. The staff member stated that the GCS was incomplete as the resident's coma scale, limb movement and pupils were not checked over a specific time period. The staff member stated staff needed to rouse a resident and complete the full GCS and if the resident refused then that would need to be documented.

In an interview with another staff member they stated they had completed the GCS for this resident after their fall on this specific date. The staff member stated they had completed the resident's vitals and oxygen saturations and that they did not complete the remainder of the GCS as required, as the resident was sleeping soundly and they did not want to force the resident to complete the GCS.

A review of the Head Injury Routine Audit for this resident's GCS noted that there were no incomplete sections on the GCS.

In an interview with the Resident Care Coordinator (RCC) they stated that they



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completed audits on all Head Injury Routines that were completed for each resident that had an unwitnessed fall. Inspector #522 reviewed the Head Injury Routine Audit for this resident's GCS with the RCC. The RCC acknowledged that they had indicated in their audit documentation that the GCS for this resident was complete and that their focus on the audit had been on vital signs as that had been a previous issue. The RCC stated that 'sleeping' was not an appropriate entry on a GCS. The RCC reviewed the resident's GCS with Inspector #522 and acknowledged that the GCS was incomplete and registered staff should not have recorded 'sleeping' as an entry on the form.

The licensee has failed to ensure compliance order #002 from inspection #2018\_725522\_0017 with a compliance due date of March 29, 2019, was complied with as the home's "Head Injury Routine" policy was not complied with when this identified resident had an unwitnessed fall and their GCS was not completed as per the home's policy. (522) [s. 8. (1) (b)]

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**Issued on this 9th day of May, 2019**

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

**Original report signed by the inspector.**



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**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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2007, c. 8

Aux termes de l'article 153 et/ou de  
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**Division des foyers de soins de longue durée  
Inspection de soins de longue durée**

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** AMIE GIBBS-WARD (630), JULIE LAMPMAN (522)

**Inspection No. /**

**No de l'inspection :** 2019\_722630\_0009

**Log No. /**

**No de registre :** 004166-19, 004167-19

**Type of Inspection /**

**Genre d'inspection:** Follow up

**Report Date(s) /**

**Date(s) du Rapport :** May 8, 2019

**Licensee /**

**Titulaire de permis :** Caressant-Care Nursing and Retirement Homes Limited  
264 Norwich Avenue, WOODSTOCK, ON, N4S-3V9

**LTC Home /**

**Foyer de SLD :** Caressant Care on Bonnie Place  
15 Bonnie Place, St Thomas, ON, N5R-5T8

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Suzanne Mezenberg

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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:



Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

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**Order # /**

**Ordre no :** 001

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /** 2018\_725522\_0017, CO #002;  
**Lien vers ordre existant:**

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,  
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and  
(b) is complied with. O. Reg. 79/10, s. 8 (1).

**Order / Ordre :**





**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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The licensee must be compliant with r. 8. (1) of Ontario Regulation 79/10.

Specifically, the licensee must ensure that:

- a) The home's policy titled "Head Injury Routine" is reviewed and revised to ensure it provides clear direction for staff. This is to include, but is not limited to, a review of the directions for completing the Glasgow Coma Scale (GCS) when a resident is sleeping at the time of the assessment. The home must keep a documented record of the review.
- b) The home's Administrator/Director of Care (DOC) ensures education is provided to all Registered Nurses (RNs) and Registered Practical Nurses (RPNs) working in the home, regarding the home's revised "Head Injury Routine" policy.
- c) The leadership in the home continues to audit the staff's compliance with the "Head Injury Routine" policy. The auditing process must be documented including the names of the people conducting the audits, the residents who have been audited, the results of the audits and what was done with the results of the audits.
- d) The home's "Head Injury Routine" policy is fully complied with.

**Grounds / Motifs :**

1. The licensee has failed to ensure that where the Act or Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee was required to ensure that the policy was complied with.

On February 15, 2019, during a Critical Incident System inspection #2018\_725522\_0017 compliance order #002 was issued and ordered the licensee to take action to achieve compliance by ensuring that the home's "Head Injury Routine" policy was complied with. The compliance due date was March 29, 2019.

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and implemented in the home: A falls prevention and management program to reduce the incidence of falls and the risk of injury.”

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Inspector #522 reviewed a specific falls risk report for an identified resident which was related to an unwitnessed fall. A review of the resident’s clinical record found that the staff had initiated the Head Injury Routine (HIR) for this fall.

A review of the resident’s Glasgow Coma Scale (GCS) found that for specific times the staff had only documented the vital signs and oxygen saturation levels. The areas under coma scale and limb movement were not documented and it was noted that the resident was sleeping.

In an interview, an identified staff member reviewed the resident's completed Glasgow Coma Scale with Inspector #522. The staff member stated that the GCS was incomplete as the resident's coma scale, limb movement and pupils were not checked over a specific time period. The staff member stated staff



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The severity of this issue was determined to be a level 2 as there was minimal risk. The scope of the issue was a level 1 as it was isolated. The home had a level 4 history as they had one or more non-compliances related to this subsection of the legislation that included one compliance order:

- Written Notification (WN) and Compliance Order (CO) issued February 15, 2019 (2018\_725522\_0017) with a compliance due date of March 29, 2019;



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O. 2007, chap. 8

- WN and Voluntary Plan of Correction (VPC) issued May 4, 2018  
(2018\_606563\_0005). (522)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :**

Jun 30, 2019



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**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:



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O. 2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
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](http://www.hsarb.on.ca).



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O. 2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603



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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 8th day of May, 2019**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Amie Gibbs-Ward

**Service Area Office /**

**Bureau régional de services :** London Service Area Office