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

London Service Area Office
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London ON N6A 5R2
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Original Public Report

Report Issue Date July 5, 2022
Inspection Number 2022_1226_0001
Inspection Type

☒ Critical Incident System ☐ Complaint ☐ Follow-Up ☐ Director Order Follow-up
☐ Proactive Inspection ☐ SAO Initiated ☐ Post-occupancy
☐ Other _____

Licensee
Caressant-Care Nursing and Retirement Homes Limited

Long-Term Care Home and City
Caressant Care on Bonnie Place, St Thomas

Lead Inspector
Julie Lampman (522)

Additional Inspector(s)
Tatiana Pyper (733564)

Inspector Digital Signature
Julie A Ballance
Digitally signed by Julie A Ballance
Date: 2022.08.11 14:33:32 -04'00'

Inspection Manager Kevin Bachert (688) was also present on June 24, 2020.

INSPECTION SUMMARY

The inspection occurred on the following date(s): June 22, 23, 24, and 27, 2022.

The following intake(s) were inspected:

- Intake #004225-22 related to an unexpected death.
- Intake # 003645-22 related to a fracture.

The following **Inspection Protocols** were used during this inspection:

- Infection Prevention and Control (IPAC)
- Resident Care and Support Services

INSPECTION RESULTS

During the course of this inspection, the inspector(s) made relevant observations, reviewed records and conducted interviews, as applicable.

NON-COMPLIANCE REMEDIED

Non-compliance was found during this inspection and was ***remedied*** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154(2) and requires no further action.

NC#001 remedied pursuant to FLTCA, 2021, s. 154(2)

FLTCA, 2021 s.6 (8)

Personal Support Worker (PSW) #121 did not have access to a resident's plan of care on their tablet related to a specific diagnosis.

Executive Director #100 requested that the Resident Assessment Instrument (RAI) Coordinator update the plan of care information to ensure that PSW staff had full access to the resident's plan of care.

On June 24, 2022, Inspector #733564 verified and confirmed with PSW #121 that they were able to view the entire plan of care for the resident, including interventions related to a specific diagnosis on the tablets used by PSW staff.

Date Remedy Implemented: June 24, 2022 [733564]

WRITTEN NOTIFICATION INFECTION PREVENTION AND CONTROL PROGRAM

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

Non-compliance with: FLTCA, 2021 s. 23(4)

The licensee has failed to ensure that the home had an infection prevention and control (IPAC) lead whose primary responsibility was the home's IPAC program.

Rationale and Summary

Section 102 (15) of Ontario Regulation 246/22 specifies a home, with a licensed bed capacity of more than 69 beds but less than 200 beds, is required to have a designated IPAC lead who works regularly on site at the home for at least 26.25 hours per week.

Director of Care (DOC) #102 stated they were the Infection Prevention and Control (IPAC) Lead for the home and acknowledged that IPAC was not their primary role. The DOC stated it was hard to say how many hours per week they worked as the IPAC Lead, as they did not track their time.

In a home with a licensed bed capacity of more than 69 beds but less than 200 beds, the IPAC Lead was required to work regularly in that position on site at least 26.25 hours per week. Caressant Care on Bonnie Place had a licensed bed capacity of 116.

Executive Director (ED) #100 stated they were not aware that the IPAC Lead's primary role was to be IPAC, nor were they aware that the IPAC Lead was required to work 26.25 hours per week.

Sources: Interviews with DOC #102 and ED #100.
[522]

WRITTEN NOTIFICATION TRAINING

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

Non-compliance with: FLTCA, 2021 *s. 82 (2) 9.*

The licensee has failed to ensure that Screener #103 received training in infection prevention and control (IPAC) prior to performing their duties.

Rationale and Summary:

On several occasions, Screener #103 was observed not wearing the appropriate personal protective equipment (PPE) required.

Screener #103 acknowledged they were not wearing their PPE appropriately and stated they must have gotten busy and forgotten to put on the required PPE.

ED #100 was unable to locate any documentation to support that Screener #103 had received IPAC training.

Sources:
Interview with Screener #103 and ED #100.

[522]

WRITTEN NOTIFICATION POLICIES AND RECORDS

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

Non-compliance with: O. Reg. 246/22 *s. 11 (1) (a).*
The licensee has failed to ensure that their hand hygiene (HH) program policy was in compliance with all applicable requirements under the Act.

Rationale and Summary

The Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes dated April 2022, states the licensee is required to ensure that there is in place a hand hygiene program

which includes support for residents to perform hand hygiene prior to receiving meals and snacks.

Observations of snack service noted that staff were not assisting residents with HH prior to snack service.

Review of the home's "Snack" policy and "Hand Hygiene Program" policy noted no reference to assisting residents with hand hygiene prior to snacks.

The Executive Director acknowledged the home's policies did not indicate that staff should assist residents with HH prior to snacks.

Sources:
Review of the home's "Snack" policy reviewed September 2020, and "Hand Hygiene Program" policy reviewed June 2022, and interview with ED #100 and other staff.
[522]

COMPLIANCE ORDER [CO#001] INFECTION PREVENTION AND CONTROL PROGRAM

NC#005 Compliance Order pursuant to FLTCA, 2021, s.154(1)2
Non-compliance with: O. Reg. 246/22 s. 102 (8).

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

Compliance Order [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with O. Reg 246/22 s. 102 (8).

Specifically, the licensee must ensure:

A) A designated Infection Prevention and Control (IPAC) lead is in place whose primary responsibility is the home's IPAC program.
B) Residents receive assistance with hand hygiene (HH) prior to meals and snacks.
C) Personal Support Workers (PSWs) #112, #113, and #114 and Nurses Aide #102 receive retraining on assisting residents with HH prior to meals and snacks.
D) Screener #103 receives training on IPAC, including but not limited to, HH, donning and doffing personal protective equipment (PPE), and PPE requirements for performing a rapid antigen test.
E) Ward Clerk #105 receives retraining on PPE requirements for performing a rapid antigen test.
F) PSW #116 receives retraining on IPAC, including but not limited to, hand hygiene, and contact precautions.

G) Housekeeper #107 receives retraining on IPAC, including but not limited to, HH, masking and physical distancing.
H) Inform Essential Caregiver #104 that an identified resident is on additional precautions and provide education on additional precautions and required PPE.
I) Maintain records of the training provided including, but not limited to, dates, times, attendees, trainers, and materials taught.
J) Complete weekly IPAC audits related to HH, masking, physical distancing, appropriate use of PPE when performing rapid antigen tests and resident hand hygiene prior to meals and snacks. The audits must be completed for eight weeks.
K) Maintain a record of the audits and actions taken based on the audit results.

Grounds

The licensee has failed to ensure that all staff participated in the implementation of the infection prevention and control (IPAC) program.

Rationale and Summary:

On March 17, 2020, the Premier of Ontario and Cabinet issued a COVID-19 emergency in the Province of Ontario under the Emergency Management and Civil Protection Act.

On April 27, 2022, Minister's Directive: COVID-19 response measures for long-term care homes was issued to all Long-Term Care Homes (LTCHs) pursuant to s. 184 (1) of the Fixing Long-Term Care Act, 2021 (Act). The directive related to the safe operation of LTCHs, specifically to reduce the risk of COVID-19. LTCHS were to practice the health and safety requirements contained in the directive which included masking, physical distancing, and personal protective equipment (PPE) requirements.

A) The home's COVID-19 Surveillance and Access to RH & LTCH policy noted staff were to wear a gown, surgical mask, eye protection and gloves when they completed a rapid antigen test.

i)Screener #103 was observed performing a rapid antigen test on two visitors. Screener #103 was not wearing the required PPE.

ii) Screener #103 was observed at the screening table without the required PPE.

iii) Ward Clerk (WC) #105 was observed performing a rapid antigen test on two visitors. WC #105 was not wearing the required PPE.

Screener #103 and WC #105 both acknowledged they had not worn appropriate PPE when they performed the rapid antigen tests.

Sources:
Observations of the home's surveillance testing; review of Minister's Directive: COVID-19 response measures for long-term care homes effective April 27, 2022, the home's COVID-19 Surveillance and Access to RH & LTCH policy dated May 12, 2022; and interviews with Screener #103, WC #105 and other staff. [522]

B) The IPAC Standard for Long-Term Care Homes dated April 2022, states the licensee is required to ensure that there is in place a hand hygiene (HH) program which includes support for residents to perform hand hygiene prior to receiving meals and snacks.

i) Inspector #522 observed lunch service on C Wing North. Staff were observed bringing lunch trays to residents in their rooms. Inspector #522 did not observe staff assist residents with HH.

Nurses Aide (NA) #102 and Personal Support Worker (PSW) #114 stated since meal service began in resident rooms on June 20, 2022, residents had not been assisted with HH prior to meals.

ii) PSW #114 was observed providing snack to two residents. PSW #114 did not assist the residents with HH prior to giving them their snack.

PSWs #112, #113, and #114 stated they did not assist residents with HH prior to giving residents their snacks.

Sources:
Observations of lunch service and snack service; review of resident #004 and #005's plan of care, the home's "Meal Service" policy reviewed September 2020 and the IPAC Standard for Long-Term Care Homes dated April 2022; and interviews with NA #112, PSW #112, PSW #113, PSW #114 and other staff. [522]

C) Minister's Directive: COVID-19 response measures for long-term care homes states that licensees are required to ensure that the physical distancing requirements as set out in the COVID-19 Guidance Document for Long-Term Care Homes in Ontario, or as amended, are followed.

The COVID-19 Guidance Document for Long-Term Care Homes in Ontario updated June 11, 2022, states that homes must ensure that physical distancing (a minimum of two meters or six feet) is practiced by all individuals at all times.

Housekeeper #107 was observed in the staff lounge area walking around in the room unmasked. Multiple staff members who were unmasked were observed consuming their meals at multiple tables in the room. ED #100 stated the expectation was that staff were masked when walking in the staff lounge.

Three staff members were observed coming into the home from their break, unmasked, and entering the home's entryway area together, then proceeding together to get a mask from the screening area located inside of the home. ED #100 stated that the expectation was that staff enter the home entryway one at the time and don a mask prior to entering the screening area inside the home. [733564]

D) The IPAC Standard for Long-Term Care Homes dated April 2022, states the licensee shall communicate relevant IPAC information and requirements and provide education to residents, caregivers and other visitors (including family members), which includes but is not limited to: visitor policies, physical distancing, respiratory etiquette, HH, applicable IPAC practices, and proper use of PPE. The licensee shall also ensure that visitors receive information about required IPAC practices that is appropriate to the level of risk that visitors present to themselves and to others in the home.

Essential Caregiver (EC) #104 was observed entering a resident's room, who was on additional precautions. EC #104 stated that they were not aware that the resident was on additional precautions, and they did not receive any infection control training from the home.

Director of Care (DOC) #101 stated they did not inform EC #104 of additional precautions for the resident they were visiting, as they did not usually perform direct care.

Public Health Inspector #110 stated that visitors and ECs should be informed of any additional precautions, and they needed to report to the nurses station to obtain information about any required PPE, as well as receive donning and doffing training. [733564]

E) The IPAC Standard for Long-Term Care Homes dated April 2022, states the licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program. At minimum Routine Practices shall include the use of infectious disease risk assessments including point of care risk assessments; and HH, including, but not limited to, at the four moments of HH (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact).

i) On two separate occasions, Screener #103 was observed wearing personal protective equipment (PPE), then doffing their PPE and did not perform HH. Screener #103 stated they did not perform HH.

ii) The home's PSW job description stated that staff must understand the basis of good sanitization and demonstrate principles of infection control.

During snack service, PSW #116 was observed entering a resident's room, who was on additional precautions, without performing HH. PSW #116 was observed setting two snacks and two spoons on the resident's side table. PSW #116 was observed taking one snack and

one spoon from the resident's side table in one hand, and leaving the resident's room, and pumped alcohol-based hand rub (ABHR) onto one hand. PSW #116 did not rub the ABHR into both hands. PSW #116 then walked down the hallway and provided the snack and the spoon to another resident.

PSW #116 stated that they did not perform HH after leaving the resident's room that required additional precautions.

iii) Housekeeper #107 was observed in the hallway wearing PPE while taking two garbage bags outside to the dumpster. Housekeeper #107 then doffed their PPE and returned into the hallway, without sanitizing their hands.

Executive Director #100 stated that the expectation was that staff did not wear PPE when they handled the garbage and staff were to sanitize their hands between steps.

Sources: Observations of IPAC practices in the home, interviews with Housekeeper #107, PSW #116, Screener #103, EC #104, ED #100, DOC #101, Public Health Inspector #110, and review of the IPAC Standard for Long-Term Care Homes dated April 2022, the home's Antibiotic Resistant Organisms (ARO) policy reviewed January 2021, the home's Long-Term Care and Retirement Home (LTC & RH) Visiting policy reviewed August 5, 2021, the home's PSW Job Description reviewed September 2015, and the Minister's Directive: COVID-19 response measures for long-term care homes effective April 27, 2022. [733564]

This order must be complied with by August 16, 2022

REVIEW/APPEAL INFORMATION

TAKE NOTICE
The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the *Fixing Long-Term Care Act, 2021* (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB).

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 or AMP was served on the licensee.

The written request for review must include,

(a) the portions of the order or AMP in respect of which the review is requested. Please include the inspection report # and the order or AMP #;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

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

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

London Service Area Office
130 Dufferin Ave, 4th Floor
London ON N6A 5R2
Telephone: 1-800-663-3775
LondonSAO.moh@ontario.ca

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON M7A 1N3
email: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- registered mail, is deemed to be made on the fifth day after the day of mailing
- email, is deemed to be made on the following day, if the document was served after 4 p.m.
- commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- An order made by the Director under sections 155 to 159 of the Act.
- An AMP issued by the Director under section 158 of the Act.
- The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
email: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.

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