

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: August 12, 2024

Inspection Number: 2024-1226-0002

Inspection Type:

Complaint
Critical Incident

Licensee: Caessant-Care Nursing and Retirement Homes Limited

Long Term Care Home and City: Caessant Care on Bonnie Place, St Thomas

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 17, 18, 2024

The inspection occurred offsite on the following date(s): May 22, 23, 24, 27, 28, 29, 30, 2024, June 3, 4, 7, 10, 11, 12, 14, 17, 18, 19, 20, 24, 25, 26, 27 2024 and July 2, 3, 4, 11, 15, 2024

The following intake(s) were inspected:

- Intake: #00116484 -Complaint related to documents required for employment.
- Intake: #00121675 - Critical Incident System Report 2730-000019-24 related to an unknown person in the home.
- Intake: #00121681 - Critical Incident System Report 2730-000020-24 related to documents required for employment.

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

Safe and Secure Home

INSPECTION RESULTS

WRITTEN NOTIFICATION: Training

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

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

Training

s. 82 (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

1. The Residents' Bill of Rights.
2. The long-term care home's mission statement.
3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
4. The duty under section 28 to make mandatory reports.
5. The protections afforded by section 30.
6. The long-term care home's policy to minimize the restraining of residents.
7. Fire prevention and safety.
8. Emergency and evacuation procedures.
9. Infection prevention and control.
10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
11. Any other areas provided for in the regulations.

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Grounds

The Fixing Long Term Care Act, 2021, s. 2 states: “staff”, in relation to a long-term care home, means persons who work at the home,

- (a) as employees of the licensee,
- (b) pursuant to a contract or agreement with the licensee, or
- (c) pursuant to a contract or agreement between the licensee and an employment agency or other third party; (“personnel”)

The licensee failed to ensure that all contracted staff received required training prior to working in the home.

Sources:

Agency staff schedules, agency staff files and interview with the ED.

COMPLIANCE ORDER CO #001 Qualifications of personal support workers

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 52 (1) (a)

Qualifications of personal support workers

s. 52 (1) Every licensee of a long-term care home shall ensure that every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title,

- (a) has successfully completed a personal support worker program that meets the

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requirements in subsection (2).

**The inspector is ordering the licensee to comply with a Compliance Order
[FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

- A. Review and revise the process for ensuring that all PSW agency staff hired pursuant to a contract have valid qualifications. Implement the changes to the process and maintain a record of the revision.
- B. Develop and implement a process to ensure that any agency staff arriving for a shift is confirmed to be the person that was scheduled.
- C. Complete an audit of all PSW agency staff hired pursuant to a contract. Keep onsite and available a record of the audit that includes the person completing the audit, the dates of the audit, any discrepancies identified and any corrective actions taken.

Grounds

The Fixing Long Term Care Act, 2021, s. 2 states: "staff", in relation to a long-term care home, means persons who work at the home,

- (a) as employees of the licensee,
- (b) pursuant to a contract or agreement with the licensee, or
- (c) pursuant to a contract or agreement between the licensee and an employment agency or other third party; ("personnel")

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The licensee has failed ensure that every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title, had successfully completed a personal support worker program. Review of contracted staff files showed two contracted staff had falsified personal support worker certificates.

Sources:

Contracted staff records and interviews.

This order must be complied with by September 11, 2024

COMPLIANCE ORDER CO #002 Infection prevention and control program

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 102 (12) 4.

Infection prevention and control program

s. 102 (12) The licensee shall ensure that the following immunization and screening measures are in place:

4. Staff is screened for tuberculosis and other infectious diseases in accordance with any standard or protocol issued by the Director under subsection (2).

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

A. Review and revise as necessary its process for ensuring all staff are appropriately screened for tuberculosis at time of hire in accordance with evidence-based practices and where there are none, in accordance with prevailing practices, consistent with s. 102 (12) 4 of O. Reg. 246/22.

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B. Implement the reviewed/revised process to ensure that all staff hired pursuant to a contract have completed a valid negative tuberculosis screening, in accordance with evidence-based practices and where there are none, in accordance with prevailing practices, consistent with s. 102 (12) 4 of O. Reg. 246/22, before they perform their duties.

C. Complete an audit of all staff hired pursuant to a contract to determine if staff working have a valid negative tuberculosis screening, in accordance with evidence-based practices and where there are none, in accordance with prevailing practices, consistent with s. 102 (12) 4 of O. Reg. 246/22. Keep a record of the audit, date completed, who completed it and results. Ensure that any staff identified in the audit as not having a valid negative tuberculosis screening, in accordance with evidence-based practices and where there are none, in accordance with prevailing practices, consistent with s. 102 (12) 4 of O. Reg. 246/22, cease working in the home until a valid negative check has been completed.

Grounds

The Fixing Long Term Care Act, 2021, (FLTCA) s. 2 states: "staff", in relation to a long-term care home, means persons who work at the home,

(a) as employees of the licensee,

(b) pursuant to a contract or agreement with the licensee, or

(c) pursuant to a contract or agreement between the licensee and an employment agency or other third party; ("personnel").

The licensee has failed to ensure that staff hired pursuant to a contract with two identified agencies were screened for tuberculosis and other infectious diseases in accordance with any standard or protocol issued by the Director. Review of the contracted staff schedules and files showed that not all contracted staff had

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documented tuberculosis screening and two contracted staff had falsified tuberculosis screening.

Sources:

Contracted staff files, schedules, and interviews.

This order must be complied with by September 11, 2024

COMPLIANCE ORDER CO #003 Hiring staff, accepting volunteers

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 252 (3)

Hiring staff, accepting volunteers

s. 252 (3) The police record check must be a vulnerable sector check referred to in paragraph 3 of subsection 8 (1) of the Police Record Checks Reform Act, 2015, and be conducted to determine the person's suitability to be a staff member or volunteer in a long-term care home and to protect residents from abuse and neglect.

The inspector is ordering the licensee to comply with a Compliance Order

[FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

A. Review and revise as necessary its process for ensuring that all staff have a valid Vulnerable Sector Check that complies with the requirements of s. 252 of O. Reg. 246/22 including that it was conducted within six months before their date of hire.

B. Implement the reviewed/revised process to ensure that all staff hired pursuant to a contract have a valid Vulnerable Sector Check conducted by a police record

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check provider within the meaning of the Police Record Checks Reform Act, 2015 before they perform their duties.

C. Complete an audit of all staff hired pursuant to a contract to determine if staff working have a valid Vulnerable Sector Check conducted by a police record check provider within the meaning of the Police Record Checks Reform Act, 2015, and conducted within six months before the staff member was hired. Keep a record of the audit, date completed, who completed it and results. Ensure that any staff identified in the audit as not having a valid Vulnerable Sector Check cease working in the home until a valid negative check has been completed.

Grounds

The Fixing Long Term Care Act, 2021, s. 2 states: "staff", in relation to a long-term care home, means persons who work at the home,

- (a) as employees of the licensee,
- (b) pursuant to a contract or agreement with the licensee, or
- (c) pursuant to a contract or agreement between the licensee and an employment agency or other third party; ("personnel")

The licensee has failed to ensure that contracted staff had a police record check that was a vulnerable sector check. Review of the contacted staff schedules and files showed that not all contracted staff had a vulnerable sector check, and one contracted staff had a falsified vulnerable sector check and another contracted staff had a police check not valid in Ontario.

Sources:

Contracted staff files, schedules, and interviews.

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This order must be complied with by September 11, 2024

COMPLIANCE ORDER CO #004 Staff records

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 278 (1)

Staff records

s. 278 (1) Subject to subsections (2) and (3), every licensee of a long-term care home shall ensure that a record is kept for each staff member of the home that includes at least the following with respect to the staff member:

1. The staff member's qualifications, previous employment and other relevant experience.
2. Where applicable, a verification of the staff member's current certificate of registration with the College of the regulated health profession of which they are a member, or verification of the staff member's current registration with the regulatory body governing their profession.
3. Where applicable, the results of the staff member's police record check under subsection 81 (2) of the Act.
4. If subsection 81 (4) of the Act applied with respect to a staff member, a record showing that the staff member has not been convicted of an offence prescribed under subsection 255 (1) of this Regulation or found guilty of an act of professional misconduct prescribed under subsection 255 (2).
5. Where applicable, the staff member's declarations under subsection 252 (4) and section 253.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The Licensee shall:

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A. Develop a process to ensure that all contracted staff have a record kept onsite at the home that includes

1. The staff member's qualifications, previous employment and other relevant experience.
2. Where applicable, a verification of the staff member's current certificate of registration with the College of the regulated health profession of which they are a member, or verification of the staff member's current registration with the regulatory body governing their profession.
 - 2.1 In the case of an exempted out of province health professional, verification that the professional meets all of the criteria for being exempted from subsections 9 (1) and (3) of the Medicine Act, 1991, subsections 11 (1) and (5) of the Nursing Act, 1991 or subsections 9 (1) and (2) of the Respiratory Therapy Act, 1991, as applicable.
3. Where applicable, the results of the staff member's police record check under subsection 81 (2) of the Act.
4. If subsection 81 (4) of the Act applied with respect to a staff member, a record showing that the staff member has not been convicted of an offence prescribed under subsection 255 (1) of this Regulation or found guilty of an act of professional misconduct prescribed under subsection 255 (2).
5. Where applicable, the staff member's declarations under subsection 252 (4) and section 253. O. Reg. 246/22, s. 278 (1); O. Reg. 202/23, s. 9.

B. Conduct an audit of all contracted staff in the home to ensure that they have a record onsite in the home that contains the required documentation. Produce a record for all contracted staff that were identified as not having a record through the audit process. Keep onsite and available the results of the audit, dates of the audit, the name(s) of the person(s) conducting the audit and any remedial actions taken.

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- (a) as employees of the licensee,
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- (c) pursuant to a contract or agreement between the licensee and an employment agency or other third party; ("personnel").

The licensee has failed to ensure that a record was kept for each contracted staff member of the home that included the staff member's qualifications, previous employment, other relevant experience and the results of the staff member's police record check. Inspectors requested and were provided contracted staff records, upon reviewing the records, they did not include all the required documents.

Sources:

Contracted staff files, schedules, resident list and interviews.

This order must be complied with by September 11, 2024

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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/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;
- (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:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

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Telephone: (800) 663-3775

e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) 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:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) 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:

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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
e-mail: 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.