

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: October 11, 2024

Inspection Number: 2024-1226-0005

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): October 7, 8, 9, 10, 2024

The following intake(s) were inspected:

- Intake: #00120890 - CI 2730-000015-24 related to an episode of hypoglycemia.
- Intake: #00124789 - CI 2730-000032-24 related to an outbreak
- Intake: #00125218 - a complaint related to prevention of abuse and neglect, continence care, and resident safety
- Intake: #00127752 -CI 2730-000043-24 related to an outbreak

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

Continence Care
Medication Management
Infection Prevention and Control

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Safe and Secure Home
Prevention of Abuse and Neglect

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 (9)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

The licensee failed to ensure that symptom monitoring every shift for two residents was completed during presence of infection and while they were in outbreak isolation.

Rationale and Summary

Two Critical Incident System (CIS) reports were received by the Director related to outbreaks. Two residents were on the home's line lists for both respiratory outbreaks, however they were not monitored on every shift throughout their respiratory illnesses.

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The home's Infection Prevention and Control Lead said that registered staff should have documented any concerns and signs and symptoms in the progress notes, every shift, while the residents were in isolation, but did not.

Not monitoring for infection symptoms every shift could potentially delay detection of worsening symptoms and delay treatment changes for the resident, posing a moderate risk.

Sources: Resident clinical records, outbreak line lists, the home's policies and staff interviews.