

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

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

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

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

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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>
Jan 18, 2021	2021_722630_0002	024026-20	Complaint

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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 Mary Bucke  
4 Mary Bucke Street St Thomas ON N5R 5J6

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

AMIE GIBBS-WARD (630)

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

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): January 12 and 13, 2021.**

**The following Complaint intake was completed within this inspection:  
Log #024026-20 related to bathing care and nutritional care.**

**An Infection Prevention and Control (IPAC) inspection was also completed.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Infection Prevention and Control (IPAC) Program Lead, the Environmental Services Supervisor, the Registered Dietitian (RD), the Nutrition Manager, Personal Support Workers (PSWs) and residents.**

**The inspector also observed resident rooms and common areas, observed meal and snack service, observed IPAC practices within the home, observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, reviewed COVID-19 Directive #3 and Directive #5 for Long-Term Care Homes and reviewed relevant policies and procedures of the home.**

**The following Inspection Protocols were used during this inspection:  
Infection Prevention and Control  
Nutrition and Hydration  
Personal Support Services**

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

**2 WN(s)**

**2 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**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>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

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

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
  - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
  - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the plan of care, including the infection prevention and control (IPAC) precaution signs on the residents' bedroom doors, provided clear direction to staff regarding the care the residents required.

There were contact and droplet precaution signs on the bedroom doors for nine residents. These signs indicated that staff were required to wear masks, gloves, gowns and eye protection when providing direct care to the residents. Staff were observed entering and exiting these rooms without the PPE identified on the precaution signs. Staff were observed providing various types of direct care to one of the residents without wearing gloves or gowns and without changing their masks after providing the care. When staff were asked what precautions were in place and what type of personal protective equipment (PPE) they were required to wear when caring for the resident, the staff said they were not sure.

The IPAC Lead and Director of Care (DOC) in the home said the signage posted on residents' doors was one of the ways the staff would know what IPAC precautions were required when providing care to the residents. They said the precaution signs for these residents were incorrect at the time of the inspection. The DOC said there was a risk associated with having incorrect IPAC precautions signs posted on resident doors as it could be confusing to staff and negatively impact their use of correct PPE.

Sources: Observations January 12 and 13, 2021; residents' clinical records; the home's policy titled "Management of COVID-19- Staff Roles & Responsibilities" last revised November 30, 2020; and interviews with a Personal Support Worker (PSW) and other staff. [s. 6. (1) (c)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program****Specifically failed to comply with the following:**

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control (IPAC) program related to the use of personal protective equipment (PPE) for residents who required droplet and contact precautions.

The home's "Management of COVID-19 – Staff Roles and Responsibilities" policy required all residents who failed the active illness screening questions to be isolated and placed on droplet and contact precautions. A resident was placed in 72-hour isolation by the registered nursing staff due to possible COVID-19 symptoms. The resident had a droplet and contact precaution sign on their door. Staff were observed going into the resident's room to provide care without the required gown and gloves. The staff did not change their mask and did not disinfect their face shield upon exiting the resident's space or room and at times went directly into other residents' rooms or the dining room. Staff reported they thought the isolation for the resident was just a precaution and they thought they were not required to wear a gown, change their face mask or clean the face shield.

The home's "Management of COVID-19 – Staff Roles and Responsibilities" policy required all residents who returned from a hospital stay to be isolated and placed on droplet and contact precautions for 14 days to help prevent COVID-19 transmission. A resident returned to the home after a hospital admission. There was no type of Infection Prevention and Control (IPAC) precaution sign on the resident's bedroom door. Staff were observed going into the resident's room to provide care without the required gown and gloves. The staff did not change their mask and did not disinfect their face shield upon exiting the resident's space or room and at times went directly into other residents' rooms.

The long-term care home's IPAC program references COVID-19 Directive #5 for Long-Term Care Homes issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7, on October 8, 2020. This directs that at a minimum droplet

and contact precautions must be used for all interactions with suspected, probable or confirmed COVID-19 residents. It states that droplet and contact precautions include gloves, face shields or goggles, gowns, and surgical/procedure masks.

The Director of Care (DOC) said that as part of the home's IPAC program and their strategies to prevent a COVID-19 outbreak, staff were required to follow the contact and droplet precautions for all residents who were in isolation related to COVID-19 precautions. The DOC said it was the expectation in the home that the droplet and contact precautions in place would include wearing gloves and gowns when entering the resident's space, in addition to the mask and eye protection that staff were wearing at all times in the home. The DOC said staff would be expected to disinfect their eye protection and if needed change their face mask upon exiting the room of a resident who was in droplet and contact precautions. The DOC said there was a risk of infection if these were not followed as the precautions that were in place for resident who were displaying respiratory symptoms such as sneezing or coughing were there to help prevent a COVID-19 outbreak during the pandemic.

Sources: Observations January 12 and 13, 2021; clinical records for residents including progress notes; the home's Isolation Tracking book; the home's policy titled "Management of COVID-19- Staff Roles & Responsibilities" last revised November 30, 2020; and interviews with the Director of Care and other staff. [s. 229. (4)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that all staff participate in the implementation of the Infection Prevention and Control program, to be implemented voluntarily.***

**Issued on this 20th day of January, 2021**

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

**Original report signed by the inspector.**