

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 13, 2024

Inspection Number: 2024-1136-0003

Inspection Type:

Complaint

Licensee: Caessant-Care Nursing and Retirement Homes Limited

Long Term Care Home and City: Caessant Care on Mary Bucke, St Thomas

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 16, 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: #00116483 - Complaint related to documents required for employment.

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

Safe and Secure Home

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INSPECTION RESULTS

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #001 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.

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-

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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 identified staffing agencies were screened for tuberculosis and other infectious diseases in accordance with any standard or protocol issued by the Director. under subsection (2). Review of the contracted staff schedules and files showed that not all contracted staff files contained the required documentation, and one file was identified to have a falsified tuberculosis screening.

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Sources:

Contracted staff files, schedules, and interviews.

This order must be complied with by September 12, 2024

COMPLIANCE ORDER CO #002 Staff records

NC #002 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.
 - 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

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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:

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.

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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.

Grounds

O. Reg. 246/22, s. 278 (1); O. Reg. 202/23, s. 9. 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 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.

Sources:

Schedules, contracted staff files and interview with the Executive Director.

This order must be complied with by September 12, 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
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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

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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.