



Order of the Director

under the *Fixing Long-Term Care Act, 2021*

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Director:	Brad Robinson
Order Type:	<input type="checkbox"/> Reduction of licensed beds, section 107(3) <input type="checkbox"/> Order to impose any conditions on the licence, section 107(3)b <input type="checkbox"/> Renovation of Municipal Home Order, section 138 <input type="checkbox"/> Compliance Order, section 155 <input type="checkbox"/> Order that funding be returned or withheld, section 156 <input checked="" type="checkbox"/> Order requiring Management, section 157 <input type="checkbox"/> Suspension or Revocation Order, section 159 <input type="checkbox"/> Supervision of Long-term care home Order, section 159(5)
Intake Log # of original inspection (if applicable):	NA
Original Inspection #:	
Licensee:	Caessant Care Nursing and Retirement Homes Limited
LTC Home:	Caessant Care on McLaughlin Road
Name of Administrator:	Hugueline Jean-Noel

Background:	
<p>Caessant Care on McLaughlin Road is a long-term care home (“the home”) in Lindsay, Ontario within the Central East Home and Community Care Support Services (HCCSS). Operated by Caessant Care Nursing and Retirement Homes Limited (“the licensee”), the home is licensed for 96 long-stay beds.</p> <p>From inspections conducted at the home between June 2019 to July 2022, several written notifications and compliance orders have been issued to the licensee for not complying with requirements under the Long-Term Care Homes Act, 2007 (“LTCHA”) Ontario Regulation 79/10 under the LTCHA (“O. Reg. 79/10”), Fixing Long-Term Care Act, 2021 (“FLTCA”) and Ontario Regulation 246/22 under the FLTCA (“O. Reg. 246/22”).</p> <p>Despite these findings and orders, the licensee has not taken the necessary actions to bring itself into compliance and sustain compliance. Accordingly, the licensee has demonstrated a lack of ability and understanding of what is required to address non-compliance, sustain it, and operate the home in a manner that meets the requirements under the FLTCA and O. Reg. 246/22.</p>	



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

Ministère des Soins de longue durée
Inspection de soins de longue durée
Division des foyers de soins de longue durée

Subsection 157(1) of the FLTCA states that the Director may order a licensee to retain, at the licensee's expense, one or more persons acceptable to the Director to act as managers of the home or to assist in managing the home.

Among other grounds set out in subsection 157(3) of the FLTCA, an order requiring management may be made if: (a) the licensee has not complied with a requirement under the FLTCA or (b) there are reasonable grounds to believe that the licensee cannot or will not properly manage the long-term care home, or cannot do so without assistance.

The Director is issuing this order as the licensee has not complied with requirements under the FLTCA and LTCHA, and their regulations, and overall, there are reasonable grounds to believe that the licensee cannot or will not properly manage the home, or cannot do so without assistance.

As the grounds below demonstrate, there have been significant and, in some cases, recurring findings of non-compliance with requirements under the FLTCA and LTCHA, such as, not monitoring signs and symptoms of infections related to wound care, and not providing required air conditioning and designated cooling areas. As a result, the licensee has been issued multiple written notifications and compliance orders. Despite the compliance action and orders, the licensee has not taken the necessary actions to address and correct the ongoing issues of non-compliance at the home.

Further, there has been instability in the home's senior leadership as there has been frequent turnover in leadership positions, including, but not limited to, Executive Director, Director of Care, and Environmental Services Manager. This has not ensured the effective management of the operations of the home and an ability for the licensee to adopt and sustain corrective actions to ensure compliance.

The licensee's non-compliance with various requirements directly impacts resident care and safety. As such, the non-compliance set out below poses a risk of harm to residents of the home.

All of these reasons provide the Director with reasonable grounds to believe that the licensee cannot or will not properly manage the home, or cannot do so own without assistance. In addition, the Director has taken into account the factors under subsection 347(1) of O. Reg. 246/22 (e.g. severity of the non-compliance, scope of the non-compliance, and licensee's history of compliance) in determining that this order is warranted.

Order:	
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To Caressant-Care Nursing and Retirement Homes Limited, you are hereby required to comply with the following order(s) by the date(s) set out below:

Pursuant to: *Fixing Long-Term Care Act, 2021*, s. 157(1). The Director may order a licensee to retain, at the licensee's expense, one or more persons acceptable to the Director to act as managers of the long-term care home or to assist in managing the long-term care home.

Order: Caressant-Care Nursing and Retirement Homes Limited is ordered:

- a. To retain one or more persons, at your expense, described in paragraph (c) or (d) of this Order, to manage the entire operations of Caressant Care on McLaughlin Road, located at 114 McLaughlin Road, Lindsay, Ontario;
- b. To submit to the Director, Capital Planning Branch, **within 14 calendar days** of being served with this Order, a proposed person(s) described in paragraph (a) to this Order;
- c. The person(s) described in paragraph (a) to this Order must be acceptable to the Director, Capital Planning Branch and approved by the Director, Capital Planning Branch, in writing;
- d. If the licensee does not submit a proposed person(s) described in paragraph (a) to this Order to the Director, Capital Planning Branch within the time period specified in paragraph (b) to this Order, the Director, Capital Planning Branch will select the person(s) that the licensee must retain to manage the home;
- e. The person(s) described in paragraph (a) to this Order acceptable to the Director, Capital Planning Branch, will have specific qualifications, including:
 - i. the experience, skills and expertise required to operate and manage a long-term care ("LTC") home in Ontario and to maintain compliance with the FLTCA and O. Reg. 246/22 under the FLTCA;
 - ii. have a good compliance record, which for the purpose of this Order means the LTC home for which the person described in paragraph (a) to this Order is a licensee or manager, or to which the person described in paragraph (a) to this Order provides consulting services has a compliance record under the LTCHA and/or FLTCA that is considered to be substantially compliant including:
 1. critical incidents that occur are reported as required;
 2. complaints are managed effectively in the LTC home;
 3. the LTC home develops policies/procedures using evidenced-based practice and quality strategies;
 4. the LTC home responds to issues identified during inspections; and

5. non-compliance in areas of actual harm or high risk of harm to residents and any other persons identified during inspections are rectified within the time frame required by the inspector;
- iii. demonstrate that they have not, under the laws of any province, territory, state or country, in the three years prior to this Order,
1. been declared bankrupt or made a voluntary assignment in bankruptcy;
 2. made a proposal under any legislation relating to bankruptcy or insolvency; or
 3. have been subject to or instituted any proceedings, arrangement, or compromise with creditors including having had a receiver and/or manager appointed to hold his, her, or its assets;
- f. To submit to the Director, Capital Planning Branch, a written contract pursuant to section 113 of the FLTCA within **14 calendar days** of receiving approval of the Director, Capital Planning Branch pursuant to paragraph (c) of this Order or the selection of a person(s) pursuant to paragraph (d) of this Order;
- g. To execute the written contract **within 24 hours** of receiving approval of the written contract from the Director, Capital Planning Branch, pursuant to section 113 of the FLTCA and to deliver a copy of that contract once executed to the Director, Capital Planning Branch;
- h. To submit to the Director, Long-Term Care Inspections Branch, a management plan, prepared in collaboration with the person described in paragraph (a) to this Order, to manage the home and that specifically addresses strategies and actions to achieve compliance with those areas identified as being in non-compliance **within 30 calendar days** of receiving approval of the Director, Capital Planning Branch, pursuant to paragraph (c) of this Order or the selection of a person pursuant to paragraph (d) of this Order;
- i. The person approved by the Director, Capital Planning Branch pursuant to paragraph (c) to this Order or selected by the Director, Capital Planning Branch pursuant to paragraph (d) of this Order, shall begin managing the home in accordance with the written contract described in paragraph (g) to this Order **within 24 hours** of the execution of that written contract;
- j. The management of the home by the person described in paragraph (a) to this Order is effective until advised otherwise by the Director;
- k. Any and all costs associated with complying with this Order are to be paid for by the licensee, including for certainty, but not limited to, all costs associated with retaining the person described in paragraph (a) to this Order; and

- i. Upon being served with this Order, comply with paragraphs (a) to (k) and not take any actions that undermine or jeopardize the ability for the person approved by the Director, Capital Planning Branch pursuant to paragraph (c) to this Order or selected by the Director, Capital Planning Branch pursuant to paragraph (d) of this Order to manage the home to its full extent.

Grounds:

The licensee’s non-compliance

Over approximately a three year-period (June 2019 to present), the licensee has not complied with several requirements under the FLTCA and LTCHA, and their regulations.

This Order relies on all inspection reports, non-compliance findings and orders issued from the following inspections conducted at the home:

Inspection Number	Inspection Report(s) Issued
2022_1400_0001	July 15, 2022
2022_861194_0005	April 14, 2022 April 25, 2022 (A1) June 14, 2022 (A2)
2021_815623_0020	March 18, 2022
2021_815623_0021	March 18, 2022
2021_598570_0005	February 19, 2021
2021_598570_0004	February 19, 2021
2020_643111_0024	November 30, 2020
2020_643111_0012	August 21, 2020
2019_640601_0023	December 6, 2019
2019_785732_0014	June 4, 2019

Subsection 352(1) of O. Reg. 246/22 provides that Part X of the FLTCA and O. Reg. 246/22, which sets out the Ministry’s compliance and enforcement authority, apply with respect to a failure to comply with a requirement under the LTCHA before the FLTCA came into force.

Based on these inspections below are significant areas of the licensee’s non-compliance with requirements under the FLTCA and LTCHA, which have posed a risk of harm and well-being to residents in the home. A summary of some of the main compliance actions taken, past and present, are addressed below.

Recurring and Ongoing Non-Compliance

In addition to the non-compliances identified during inspection 2022_1400_0001 below, there remains five (5) outstanding compliance orders issued to the licensee from inspection 2022_861194_0005, conducted April 2022 related to:

1. Infection prevention and control - O. Reg. 79/10 r. 229(4)
 - Failure to identify resident rooms requiring additional precautions, PPE not available outside isolation rooms.
 - The licensee was issued a VPC in July and November 2020 and a CO in January 2021.
2. Adverse medication incident - O. Reg. 79/10 r. 135(1)
 - Failure to document with a record of immediate actions taken and immediately reported to resident's SDM.
 - The licensee was issued a VPC in October 2019 and a CO in April 2022.
3. Documentation of medication errors - O. Reg. 79/10 r. 135(2)
 - Failure to document, review and analyze medication incidents and corrective actions, if necessary.
 - The licensee was issued a VPC in October 2019 and a CO in April 2022.
4. Mandatory training – LTCHA s. 76(2)
 - Failure to provide mandatory training of staff within one week of hire, including, Resident Bills of Rights, Home's Policy to Promote Zero Tolerance of Abuse and Neglect, Duty to Make Mandatory Reports, Fire Prevention and Safety, Emergency and Evacuation Procedures, and Infection Prevention and Control.
 - The licensee was issued a VPC in March 2022 and a CO in April 2022.
5. Provision of baths - O. Reg. 79/10 – r. 33(1)
 - Failure to bathe residents at minimum, twice a week, by method of their choice.
 - The licensee was issued a VPC in December 2019 and a CO in April 2022.

Current Areas of Non – Compliance

Also, the Ministry has identified new findings of non-compliance during an inspection completed on June 17, 2022, which resulted in 18 written notifications and 3 compliance orders. The licensee has failed to comply with numerous requirements including, but not limited to:

1. Monitoring Signs and Symptoms of Infection

- Failure to comply with s. 102(9)(a) of O. Reg 246/22 under the FLTCA, as it did not ensure that symptoms indicating the presence of wound infections for residents were monitored on every shift, in accordance with any standard or protocol issued by the Director.
- A compliance order was issued from inspection #2022_1400_001 conducted in June 2022. A resident was at risk for discomfort and wound deterioration when the resident's wound infections were not monitored on every shift and the effectiveness of the medication was not being evaluated.

2. Skin and Wound Care

- Failure to comply with s. 55(2)(b)(i) of O. Reg. 246/22 under the FLTCA, as it did not ensure that a resident who was exhibiting altered skin integrity, including skin breakdown was assessed using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.
- A compliance order was issued from inspection #2022_1400_001 conducted in June 2022. A resident's wounds deteriorated, and the effectiveness of the wound care treatment was not evaluated using a clinically appropriate instrument for skin and wound.

3. Providing Designated Cooling Areas

- Failure to comply with s. 23(6) of O. Reg. 246/22 under the FLTCA, as it did not ensure that every designated cooling area in the home was served by air conditioning, which was operated as necessary, to maintain the temperature in the designated cooling area at a comfortable level for residents, during the period from May 15 to September 15.
- A compliance order was issued as a result of inspection #2022_1400_001 conducted in June 2022, when there was no air conditioning operating in the designated cooling areas or the areas were locked and not accessible to residents. The temperature in the lounge on unit three and the outside temperature was 27 degrees Celsius. The residents were at risk for heat related illnesses.

Eighteen (18) written notifications under:

- **FLTCA and O. Reg. 246/22**
 - O. Reg. 246/22 - s. 24 (4) - air temperature records for residents' room without air conditioning
 - O. Reg. 246/22 - s. 95 (1)(a)(iv) - no implementation of the process to locate lost personal items

- **LTCHA and O. Reg. 79/10**
 - LTCHA, 2007 - s. 6 (5) - substitute decision-maker's ("SDM") participation in resident's plan of care
 - LTCHA, 2007 - s. 24 (1) 1 - reporting improper treatment of residents to the Director
 - O. Reg. 79/10 - s. 23 - use of dressing supplies in accordance to manufacturers' instructions
 - O. Reg. 79/10 - s. 24 (1) (2) 7 - missing interventions in 24-hour admission care plan
 - O. Reg. 79/10 - s. 29 - no consent from SDM related to resident's plan of care
 - O. Reg. 79/10 - s. 35 (1) - no documentation of basic foot care provision
 - O. Reg. 79/10 - s. 37 (1) (a) - no label of resident's personal items within 48 hours of admission
 - O. Reg. 79/10 - s. 50(2)(a)(i) - admission skin assessment
 - O. Reg. 79/10 - s. 50(2) (b) (iii) - altered skin integrity not assessed by Registered Dietitian
 - O. Reg. 79/10 - s. 89 (1) (a)(iv) - missing personal items
 - O. Reg. 79/10 - s. 101 (2) (a) - documentation of written complaint
 - O. Reg. 79/10 - s. 101 (2) (b) - documentation of written complaint
 - O. Reg. 79/10 - s. 101 (2) (c) - documentation of written complaint
 - O. Reg. 79/10 - s. 101 (2) (d) - documentation of written complaint
 - O. Reg. 79/10 - s. 101 (2) (e) - documentation of written complaint
 - O. Reg. 79/10 - s. 101 (2) (f) - documentation of written complaint

Leadership Instability

The home has had a frequent turnover in leadership, in key management positions, for the past year (2021-2022). During this time, the home has had three Executive Directors ("ED") and no Director of Care ("DOC") from January 2021 until September 2021. The DOC coverage for the home was provided by the licensee's corporate office.

In February 2022, the Executive Director, Director of Care and Assistant Director of Care were terminated. The Environmental Services Manager position was left vacant since November 2021, filled February 2022 and subsequently resigned June 2022. The new ED was hired in March 2022 but has resigned and is providing support until a replacement can be found. On June 16, 2022, the Assistant DOC resigned after working for 5 weeks. The DOC, ADOC, and ESM all indicated they have had minimal training and minimal support from the corporate office.

These frequent vacancies and turnover in a short period represent instability within the home at the management level, which are tasked with leading and managing the operations of the home. The instability and turnover contribute to the inability for the senior leadership of the home to provide direction to staff and expertise to effectively understand the compliance issues at the home and take the necessary actions to correct them, and to manage/operate the home in accordance with the requirements under the FLTCA. In addition to the above, this Order is being issued based on the licensee's ongoing inability to maintain effective leadership in the home that is necessary to execute change and achieve compliance.

Since June 2019 to July 2022, the home has had a total of 13 inspections resulting in 67 written notifications, 33 voluntary plans of correction, 10 compliance orders, 1 Voluntary Management Contract resulting a CO issued in February 2021 and 1 Director referral.

- 1) Licensee's non-compliance with the FLTCA and LTCHA as set out.

AND

The Director having reasonable grounds to believe that the licensee cannot or will not properly manage the LTC home, or cannot do so without assistance because of:

- (a) The licensee's non-compliance with requirements under the FLTCA and LTCHA
- (b) The licensee has ongoing or recurrent non-compliance with certain requirements over a period of time, which it hasn't remedied/corrected on its own.
- (c) The non-compliance, particularly with recurring matters, poses a risk of harm to residents of the home.
- (d) The frequent turnover of leadership positions in the home does not enable the licensee to effectively understand and address compliance issues at the LTC home, and to manage the operations of the home on its own.

All of the above give the Director the belief that the licensee cannot or will not properly manage the operations of the home without assistance.

The decision to issue this Order is also based on the severity and scope of the non-compliance identified, and in accordance with s. 347(1)3 of O. Reg. 246/22, the licensee's history of compliance with requirements under the FLTCA and LTCHA.

This order must be complied with by:

The dates as outlined and specified in the Order.



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

Ministère des Soins de longue durée
 Inspection de soins de longue durée
 Division des foyers de soins de longue durée

REVIEW/Appeal INFORMATION

TAKE NOTICE:

Pursuant to s. 170 of the *Fixing Long-Term Care Act, 2021* ("Act"), the licensee has the right to appeal any of the following to the Health Service Appeal and Review Board (HSARB):

- An order made by the Director under sections 155 to 159 of the Act.
- A notice of administrative penalty ("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.

Issued on this 20th day of July, 2022	
Signature of Director:	
Name of Director:	Brad Robinson