

**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**

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
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130, avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
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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>
Apr 1, 2022	2022_932442_0007	019184-21, 019185-21	Follow up

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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**

The Maples Home for Seniors  
94 William Street South P.O. Box 400 Tavistock ON N0B 2R0

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

STEPHANIE MORRISON (721442), MELANIE NORTHEY (563)

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

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**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): March 29, 2022.**

**The following intakes were completed in this follow up inspection:**

**Log #019184-21, a follow up to compliance order #001 from inspection #2021\_725522\_0013, related to infection prevention and control**

**Log #019185-21, a follow up to compliance order #001 from inspection #2021\_725522\_0014, related to falls prevention and management.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Care (DOC) & Infection Prevention and Control (IPAC) Lead, Registered Nurses, a Personal Support Worker, a Housekeeper, and Screeners. During the course of the inspection, the inspectors observed resident and staff interactions and IPAC practices, and reviewed clinical health records, relevant home policies and procedures, and other pertinent documents.**

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

**Infection Prevention and Control**

**Training and Orientation**

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

**1 WN(s)**

**0 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 8. (1)	CO #001	2021_725522_0014		563

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Légende
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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 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. Compliance order #001 related to O. Reg. 79/10, s. 229 (4) from inspection 2021\_725522\_0013 issued on November 26, 2021, with a compliance due date of January 31, 2022, is being re-issued as follows:

The licensee has failed to ensure that all staff participated in the implementation of the infection prevention and control (IPAC) program.

A) A screener allowed multiple people to enter the home without having been actively screened with the Ministry of Health COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes. The screener stated that they had not needed to read the screening questions to these individuals because they had known the questions. Director of Care (DOC) & IPAC Lead stated that the expectation as part of the home's surveillance program was to actively screen all persons entering the home by asking them all the questions in the Ministry of Health COVID-19 Screening Tool.

B) A screener was observed to have completed multiple rapid antigen surveillance tests without wearing the proper personal protective equipment (PPE). DOC & IPAC Lead stated that full PPE was required when completing surveillance tests, including: gloves, gown, mask, and eye protection.

Not following the home's IPAC program put residents and staff at risk of potentially spreading healthcare associated infections, including COVID-19.

Sources: Observations of IPAC practices, review of the Ministry of Health COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes (version 10, effective March 18, 2022), and interviews with a screener and DOC & IPAC Lead. [s. 229. (4)]

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**Issued on this 6th day of April, 2022**

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

**Original report signed by the inspector.**

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

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

**Public Copy/Copie du rapport public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** STEPHANIE MORRISON (721442), MELANIE  
NORTHEY (563)

**Inspection No. /**

**No de l'inspection :** 2022\_932442\_0007

**Log No. /**

**No de registre :** 019184-21, 019185-21

**Type of Inspection /**

**Genre d'inspection:** Follow up

**Report Date(s) /**

**Date(s) du Rapport :** Apr 1, 2022

**Licensee /**

**Titulaire de permis :** Caressant-Care Nursing and Retirement Homes Limited  
264 Norwich Avenue, Woodstock, ON, N4S-3V9

**LTC Home /**

**Foyer de SLD :** The Maples Home for Seniors  
94 William Street South, P.O. Box 400, Tavistock, ON,  
N0B-2R0

**Name of Administrator /**

**Nom de l'administratrice  
ou de l'administrateur :** Joan Hergott

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**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

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:

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

**Order # /**

**No d'ordre :** 001

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /** 2021\_725522\_0013, CO #001;  
**Lien vers ordre existant:**

**Pursuant to / Aux termes de :**

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

**Order / Ordre :**

The licensee must comply with s. 229 (4) of O. Reg. 79/10.

Specifically, the licensee must:

- a) Complete additional training with all staff who complete screening and/or surveillance testing on the active screening process, and the personal protective equipment (PPE) required when completing surveillance testing.
- b) Develop an audit tool to audit the active screening process and surveillance testing to ensure compliance to the home's IPAC program.
- c) Complete audits of the active screening and surveillance testing.

**Grounds / Motifs :**

1. Compliance order #001 related to O. Reg. 79/10, s. 229 (4) from inspection 2021\_725522\_0013 issued on November 26, 2021, with a compliance due date of January 31, 2022, is being re-issued as follows:

The licensee has failed to ensure that all staff participated in the implementation of the infection prevention and control (IPAC) program.

A) A screener allowed multiple people to enter the home without having been actively screened with the Ministry of Health COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes. The screener stated that they had not needed to read the screening questions to these individuals because they had known the questions. Director of Care (DOC) & IPAC Lead stated that the expectation as part of the home's surveillance program was to actively screen all persons entering the home by asking them all the questions in the Ministry of



**Order(s) of the Inspector****Ordre(s) de l'inspecteur**

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Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Health COVID-19 Screening Tool.

B) A screener was observed to have completed multiple rapid antigen surveillance tests without wearing the proper personal protective equipment (PPE). DOC & IPAC Lead stated that full PPE was required when completing surveillance tests, including: gloves, gown, mask, and eye protection.

Not following the home's IPAC program put residents and staff at risk of potentially spreading healthcare associated infections, including COVID-19.

Sources: Observations of IPAC practices, review of the Ministry of Health COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes (version 10, effective March 18, 2022), and interviews with a screener and DOC & IPAC Lead.

An order was made by taking the following factors into account:

Severity: There was minimal risk to residents as persons entering the home without active screening had a negative rapid antigen test completed prior to entry.

Scope: This noncompliance was widespread as multiple people were not actively screened, and the proper PPE was not worn for multiple surveillance tests.

Compliance History: A compliance order (CO) is being re-issued for the licensee failing to comply with s. 229 (4) of O. Reg. 79/10. This subsection was issued as a CO on November 26, 2021, during inspection 2021\_725522\_0013 with a compliance due date of January 31, 2022. In the past 36 months, one other CO was issued to a different section of the legislation, which has been complied. (721442)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :**

Apr 22, 2022

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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2007, c. 8

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2007, chap. 8

**REVIEW/APPEAL INFORMATION**

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax 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  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
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  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Order(s) of the Inspector**

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2007, c. 8

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l'article 154 de la *Loi de 2007 sur les  
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2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

**PRENEZ AVIS :**

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
438, rue University, 8<sup>e</sup> étage  
Toronto ON M7A 1N3  
Télécopieur : 416-327-7603

**Order(s) of the Inspector****Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
438, rue University, 8e étage  
Toronto ON M7A 1N3  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 1st day of April, 2022**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Stephanie Morrison

**Service Area Office /**

**Bureau régional de services :** London Service Area Office