Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

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Original Public Report

Report Issue Date: September 28, 2023	
Inspection Number: 2023-1311-0004	
Inspection Type: Proactive Compliance Inspection	
Licensee: Caressant-Care Nursing and Retirement Homes Limited	
Long Term Care Home and City: Caressant Care Courtland, Courtland	
Lead Inspector Kristen Murray (731)	**Inspector Digital Signature** Digitally signed by Kristen Murray Date: 2023.10.12 10:08:47 -04'00'
Additional Inspector(s) Christina Legouffe (730) Cheryl McFadden (745)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 6, 7, 11, 12, 13, 14, 15, 2023

The following intake(s) were inspected:

- Intake: #00095820 - Proactive Compliance Inspection (PCI)

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Medication Management
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect

Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)

A) The licensee has failed to ensure that the plan of care for a resident, with regards to falls prevention, was provided to the resident as specified in the plan.

Summary and Rationale
During an observation a resident did not have a falls prevention intervention in place. Their plan of care identified the intervention should have been in place.

The resident and a Personal Support Worker (PSW) said that the intervention was never in place.

The Resident Assessment Instrument (RAI) Coordinator said that resident should have had the falls prevention intervention in place, in accordance with their plan of care, but was not.

There was a risk to the resident when their falls prevention intervention was not in place.

Sources: Clinical records for a resident, observations of the resident and interviews with the resident, the RAI-Coordinator, and other staff. [730]

B) The licensee has failed to ensure that the care set out in the plan of care for a resident, related to food preferences, was provided to the resident as specified in the plan.

Summary and Rationale
During a meal observation a resident was observed to receive a beverage.

The resident's plan of care indicated that they preferred not to drink that beverage.

A Dietary Aide said that the resident's care records indicated that they preferred not to have the beverage and they should not have been served the beverage by staff. They said that the resident could not verbally express their preferences to staff currently and staff should be following the resident's plan of care.

The Registered Dietitian said that staff should have followed the preferences of the resident, as documented in their plan of care.

Sources: Observations of a resident, Clinical records for the resident, and interviews with a Dietary Aide and other staff. [730]

WRITTEN NOTIFICATION: Plan of care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

The licensee has failed to ensure that the plan of care for a resident provided staff with clear direction.

Summary and Rationale

During a Proactive Compliance Inspection, a resident was observed to have a medical intervention. The intervention use was not included in the resident's care plan or added to the resident's electronic medication administration record (eMAR).

The resident had a written order in their paper chart for the medical intervention. During an observation the medical intervention was not implemented as per the written order.

A Registered Nurse (RN) said that the resident's orders for the medical intervention were not included in their eMAR, and were therefore not documented, but should have been.

The Resident Assessment Instrument (RAI) Coordinator said that the resident's medical intervention was not included in their plan of care but should have been and the plan of care did not provide staff with clear direction.

There was a risk that the resident's needs related to their medical intervention were not met as a result of the plan of care not providing clear direction to staff.

Sources: Clinical records for a resident, observations of the resident and interviews with a RN and the RAI Coordinator. [730]

WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience Survey: Documentation

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 43 (5) (a)

The licensee failed to ensure that the results of the survey were documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (4).

Rationale and Summary
A review of the Family Council and Resident Council binders in the home did not include any documentation related to the satisfaction survey results.

The Executive Director (ED) stated they were unable to locate the documented survey results.

There was minimal risk to the residents related to the results of the survey not being documented and made available to the Residents' Council and Family Council.

Sources: The home's Resident Council and Family Council documentation; and an Interview with the ED. [731]

WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience Survey: Documentation

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 43 (5) (c)

The licensee failed to ensure that the documented survey results were made available to residents and their families.

Rationale and Summary
A review of the Family Council and Resident Council binders in the home, and the home's website did not include any documentation related to the satisfaction survey results.

The Executive Director (ED) stated they were unable to locate the documented survey results.

There was minimal risk to the residents related to the results of the survey not being documented and made available to residents and their families.

Sources: The LTCH's Resident Council and Family Council documentation; the LTCH's website; and an Interview with the ED. [731]

WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience Survey: Documentation

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 43 (5) (d)

The licensee failed to ensure that the documented survey results was kept in the long-term care home and was made available during a Proactive Compliance Inspection.

Rationale and Summary
A review of the Family Council and Resident Council binders in the home did not include any documentation related to the satisfaction survey results.

The Executive Director (ED) stated they were unable to locate the documented survey results.

There was minimal risk to the residents related to the results of the survey not being documented, kept in the long-term care home and made available during the inspection.

Sources: The home's Resident Council and Family Council documentation; and an Interview with the ED. [731]

WRITTEN NOTIFICATION: Family Council

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 65 (7) (b)

NC with FLTCA 2021 s. 65 (7) (b) – Family Council

The licensee failed to ensure that if there was no Family Council, they convened semi-annual meetings to advise residents' families and persons of importance to residents the right to establish a Family Council.

Rationale and Summary
During the Proactive Compliance Inspection, the home indicated they did not currently have a Family Council. There was no documented information to identify that semi-annual meetings were held related to establishing a family council.

The Executive Director (ED) stated that there was no documentation to indicate that the home had convened semi-annual meetings to advise such persons of the right to establish a Family Council.

There was minimal risk to the residents related to semi-annual meetings not being convened to advise residents' families and persons of importance to residents the right to establish a Family Council.

Sources: The home's family council documentation; and an interview with the ED. [731]

WRITTEN NOTIFICATION: Air Temperature Records

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (3)

The licensee failed to ensure the temperature required to be measured under subsection (2) was documented at least once every morning, once every afternoon between 12pm and 5pm and once every evening or night.

Rationale and Summary
The home's air temperature records identified that the air temperature was not documented 13 out of 31 evenings in August 2023.

The Executive Director (ED) identified that the air temperature records for many evenings in August 2023 were incomplete.

There was minimal risk to the residents related to the air temperatures not documented on numerous evenings in August.

Sources: The home's air temperature records; and interviews with the Environmental Services Supervisor (ESS) and the ED. [731]

WRITTEN NOTIFICATION: Bathing

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 37 (1)

The licensee has failed to ensure that two residents were bathed, at a minimum, twice a week by the method of their choice.

Rationale and Summary
As part of a Proactive Compliance Inspection, an Inspector spoke with two residents regarding bathing in the home. When asked if they preferred a bath or a shower, the one resident said that they had shower, because they were not aware that the home had a tub. The other resident said that they have never had a tub bath and that option had never been offered to them by staff.

The residents' council meeting minutes documented that the Regional Director of Operations (RDO) had reviewed with residents a plan to offer both baths and showers instead of just the shower option. The RDO told the Inspector that there was currently a capital campaign to remodel a shower room into a larger tub room, but the renovations had not yet been completed. They said they were unsure if both baths and showers were being offered to residents currently.

A Personal Support Worker (PSW) said that residents were not being provided with a choice of a bath or a shower due to staffing levels in the home and structural challenges with the tub rooms not accommodating large wheelchairs. They said that residents were only offered a shower and that baths were not routinely provided.

There was a risk to resident's when their preferences, with regards to bathing, were not considered.

Sources: Resident's Council Meeting Minutes and Interviews with two residents, and a PSW. [730]

WRITTEN NOTIFICATION: Nutritional care and hydration programs

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)

The licensee has failed to comply with the home's nutritional care and dietary services and hydration policy related to food temperature monitoring.

In accordance with O. Reg 246/22 s. 11 (1) (b) the licensee was required to ensure that written policies and procedures were developed for the nutritional care and dietary services and hydration program and ensure that they were complied with. Specifically, staff did not comply with the licensee's "Food Temperature Control P and P," effective March 1, 2023.

Summary and Rationale
Review of the home's "Food Temperature Control P and P," stated that designated dietary staff took food temperatures when cooking, chilling, hot holding, cold-holding, or reheating and recorded all temperatures on the Food Temperature Form.

During an observation of the lunch meal service, as part of a Proactive Compliance Inspection, an Inspector reviewed the weekly Food Temperature Form in the servery at point of service. The food temperatures and not been recorded prior to meal service in the servery at lunch on multiple days.

A Dietary Aide said it was expected that food temperatures were taken and recorded at point of service in the servery prior to meal service, but had not been.

As a result of the food temperatures not being taken or recorded, there was an increased risk that foods would be served at unsafe temperatures.

Sources: "Food Temperature Control P and P" (Effective March 1, 2023), Food Temperature Food, and interviews with a Dietary Aide and other staff. [730]

WRITTEN NOTIFICATION: Menu planning

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 77 (2) (b)

The licensee has failed to ensure that the most recent menu cycle was evaluated by the nutrition manager and registered dietitian, who were members of the staff of the home, prior to being in effect.

Summary and Rationale

As part of a Proactive Compliance Inspection, the most recent menu evaluation was reviewed. This evaluation for the Summer/Fall menu was dated August 31, 2023. The menu had gone into effect on June 5, 2023.

The Registered Dietitian (RD) acknowledged that the menu evaluation had been completed late. The Executive Director (ED) stated that they were unaware that the evaluation had to be completed prior to the menu being in effect and therefore had not completed it prior to the implementation of the menu.

There was a risk to residents as a result of the menu evaluation not being completed prior to the menu coming into effect.

Sources: Registered Dietitian Menu Approval Tool, Food Committee Meeting Minutes, and interviews with the RD and ED. [730]

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 3.

The licensee failed to ensure the continuous quality improvement committee was composed of the home's Medical Director.

Rationale and Summary
A review of the home's Quality Improvement (QI) meeting minutes identified that the meetings were typically held each month and mandatory participants did not include the Medical Director.

The Executive Director (ED) indicated that the home's Medical Director was not involved in the home's QI meetings.

There was minimal risk to the residents related to the home's Medical Director not being involved in the continuous quality improvement committee.

Sources: The home's quality improvement meeting minutes; and an interview with the ED. [731]

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 5.

The licensee failed to ensure the continuous quality improvement committee was composed of the home's Registered Dietitian.

Rationale and Summary
A review of the home's Quality Improvement (QI) meeting minutes identified that the meetings were typically held each month and mandatory participants did not include the home's Registered Dietitian.

The Executive Director (ED) indicated that the home's Registered Dietitian was not involved in the home's QI meetings.

There was minimal risk to the residents related to the home's Registered Dietitian not being involved in the continuous quality improvement committee.

Sources: The home's quality improvement meeting minutes; and an interview with the ED. [731]

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 6.

The licensee failed to ensure the continuous quality improvement committee was composed of the home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider.

Rationale and Summary
A review of the home's Quality Improvement (QI) meeting minutes identified that the meetings were typically held each month and mandatory participants did not include the home's pharmacy service provider.

The Executive Director (ED) indicated that the home's pharmacy service provider was not involved in the home's QI meetings.

There was minimal risk to the residents related to the home's pharmacy service provider not being involved in the continuous quality improvement committee.

Sources: The home's quality improvement meeting minutes; and an interview with the ED. [731]

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 7.

The licensee failed to ensure the continuous quality improvement committee was composed of at least one employee of the licensee who is a member of the regular nursing staff of the home.

Rationale and Summary
A review of the home's Quality Improvement (QI) meeting minutes identified that the meetings were typically held each month and mandatory participants did not include a nursing staff employee of the home.

The Executive Director (ED) indicated that no nursing staff were involved in the home's QI meetings.

There was minimal risk to the residents related to a nursing staff member of the home not being involved in the continuous quality improvement committee.

Sources: The home's quality improvement meeting minutes; and an interview with the ED. [731]

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.

The licensee failed to ensure the continuous quality improvement committee was composed of at least one employee of the licensee who was hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.

Rationale and Summary
A review of the home's Quality Improvement (QI) meeting minutes identified that the meetings were typically held each month and mandatory participants did not include a personal support worker who works at the home.

The Executive Director (ED) indicated that no personal support workers were involved in the home's QI meetings.

There was minimal risk to the residents related to a personal support staff member of the home not being involved in the continuous quality improvement committee.

Sources: The home's quality improvement meeting minutes; and an interview with the ED. [731]

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #016 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 9.

The licensee failed to ensure the continuous quality improvement committee was composed of one member of the home's Residents' Council.

Rationale and Summary
A review of the home's Quality Improvement (QI) meeting minutes identified that the meetings were typically held each month and mandatory participants did not include a member of the home's Residents' Council.

The Executive Director (ED) indicated that no Residents' Council members were involved in the home's QI meetings.

There was minimal risk to the residents related to a member of the home's Residents' Council not being involved in the continuous quality improvement committee.

Sources: The home's quality improvement meeting minutes; and an interview with the ED. [731]

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #017 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (2) 1.

The licensee failed to ensure the continuous quality improvement report contained the name of the designated lead for the continuous quality improvement initiative.

Rationale and Summary
A review of the home's continuous quality improvement report titled "Quality Report Caressant Care Courtland", dated March 2023, did not include the name of continuous quality improvement lead.

The Executive Director (ED) acknowledged that the Quality Report did not include the name of the lead at that time.

There was minimal risk to the residents related to the quality improvement report not including the name of the designated lead.

Sources: The home's quality improvement report titled "Quality Report Caressant Care Courtland" (dated March 2023); and an interview with the ED. [731]