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

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: November 28, 2024
Inspection Number: 2024-1311-0003
Inspection Type: Critical Incident
Licensee: Caressant-Care Nursing and Retirement Homes Limited
Long Term Care Home and City: Caressant Care Courtland, Courtland

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: November 6 - 8, and 12, 2024

The following intake was inspected:

- Intake: #00125295 - CIS: 2826-000028-24 - Related to infection prevention and control

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

Infection Prevention and Control
Safe and Secure Home

INSPECTION RESULTS

WRITTEN NOTIFICATION: Door in a home

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. ii.
Doors in a home
s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
ii. equipped with a door access control system that is kept on at all times, and

The licensee has failed to ensure that a stairwell door was equipped with a door access control system that was kept on at all times.

Rationale and Summary:
The stairwell door was located on a resident home area and equipped with a key lock, with the key for the door hung on the adjoining wall.

The Director of Building Operations acknowledged that the stairwell door was not equipped with a door access control system as required in the legislation and had taken steps to address the noncompliance.

There was risk that a resident could enter the stairwell door and gain access to a non-resident area of the home and/or be injured in the stairwell.

Sources: Observations and interview with the Director of Building Operations.

WRITTEN NOTIFICATION: Doors in a home

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. iii.
Doors in a home
s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
A. is connected to the resident-staff communication and response system, or
B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

The licensee has failed to ensure that a stairwell door of the home was equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and was connected to the resident-staff communication and response system, or to an audio visual enunciator that was connected to the nurses' station nearest to the door and had a manual reset switch at the door.

Rationale and Summary:
The Director of Building Operations acknowledged that the stairwell door was not equipped with an audible door alarm that allows calls to be cancelled only at the point of activation as required in the legislation and had taken steps to address the noncompliance.

There was risk that if the stairwell door was left ajar, that staff would not be aware,

which posed the risk that a resident could enter a non-resident area of the home and/or be injured in the stairwell as a result.

Sources: Observations and interview with the Director of Building Operations.

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

1. Create and implement a process to ensure that high touch surfaces are cleaned and disinfected as per the requirements outlined in the home's policy and procedures. Maintain a written copy of the process.
2. Complete once daily audits when the home is in outbreak to ensure that high touch surfaces are cleaned and disinfected as per the home's policy and procedures for frequency and product use. Maintain a written record of the date(s) and time(s) of the audits, the name(s) of the person(s) who completed the audits, the outcome of the audits and any corrective action taken because of the audits until this order is complied.
3. Educate all specified staff on the Personal Protective Equipment (PPE) requirements for entering a resident room when the specified additional

precautions are in place, and on the requirements for cleaning and disinfecting of shared resident equipment. Maintain a written record of the education provided, the staff members who completed the education, the date(s) and time(s) the education occurred and the name(s) of the person(s) who provided the education.

4. Complete once weekly audits of two staff members to ensure that staff wear the appropriate PPE when entering the room of a resident on additional precautions. Maintain a written record of the date(s) and time(s) of the audits, the name(s) of the person(s) who completed the audits, the outcome of the audits and any corrective action taken because of the audits until this order is complied.
5. Complete twice weekly audits to ensure that staff clean and disinfect resident lifts between each resident. Maintain a written record of the date(s) and time(s) of the audits, the name(s) of the person(s) who completed the audits, the outcome of the audits and any corrective action taken because of the audits until this order is complied.

Grounds:

The licensee has failed to ensure the implementation of any standard, or protocol issued by the Director with respect to infection prevention and control (IPAC).

A. Section 5.6 of the IPAC Standard for Long-Term Care Homes (Revised September 2023), states that the licensee shall ensure that there are policies and procedures in place to determine the frequency of surface cleaning and disinfection using a risk stratification approach, and the licensee shall ensure that surfaces are cleaned at the required frequency. The licensee shall ensure that adequate personnel are available on each shift to complete required surface cleaning and disinfection.

The licensee has failed to ensure that high touch surfaces during outbreak, and

shared resident equipment, were cleaned as outlined in the home's Cleaning Guidelines Policy and Procedures.

Rationale and Summary:
1. The home's Cleaning Guidelines Policy and Procedures specified that the required frequency of high touch surface cleaning during outbreaks was three times daily for resident rooms on additional precautions and for common areas such as lounges, nursing stations, activity rooms, hallways, and dining rooms, although the staff acknowledged that this was not being completed as required.

In addition, the home's Cleaning Guidelines Policy and Procedures stated that a specific cleaning product was to be used for the cleaning of high touch surfaces in resident rooms where specific additional precautions were applied. The cleaning product was not being used as required.

2. The home's Cleaning Guidelines Policy and Procedures stated that lifts were to be disinfected using disinfectant wipes between each resident use.

The Inspector observed staff use a lift for three residents that was not observed to be cleaned and/or disinfected between uses.

A staff member reported that the lifts were not cleaned between resident use unless the resident was on additional precautions.

By not following the policy requirements for the cleaning and disinfection of shared resident equipment or high touch surfaces during outbreak, there was an increased risk of disease transmission in the home.

Sources: Observations, Cleaning Guidelines Policy and Procedures, and interviews with staff.

B. Section 9.1 (f) of the IPAC Standard for Long-Term Care Homes (Revised September 2023), states that the licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program. At minimum, Additional Precautions shall include additional PPE requirements including appropriate selection application, removal, and disposal.

The licensee has failed to ensure that staff donned the appropriate PPE for additional precautions.

Rationale and Summary:
The home's IPAC lead reported that staff were expected to don specific PPE to enter the room of a resident on specific additional precautions.

On three separate occasions, the inspector observed three different staff members enter the rooms of residents on these additional precautions without the required PPE.

There was risk of transmission of infectious agents to the staff and residents when staff failed to ensure that they donned the appropriate PPE.

Sources: Observations and interviews with staff.

This order must be complied with by January 24, 2025

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
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
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:

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
e-mail: 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.