

**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  
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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>
May 12, 2021	2021_738753_0009	005019-21	Follow up

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**Licensee/Titulaire de permis**Caessant-Care Nursing and Retirement Homes Limited  
264 Norwich Avenue Woodstock ON N4S 3V9**Long-Term Care Home/Foyer de soins de longue durée**Caessant Care Arthur Nursing Home  
215 Eliza Street P.O. Box 700 Arthur ON N0G 1A0**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

KATHERINE ADAMSKI (753)

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

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

**This inspection was conducted on the following date(s): April 30, May 3, 5, 6, 2021.**

**The following intakes were completed during this follow-up inspection:  
Log #005019-21, which was a follow up to compliance order #001 from inspection  
#2021\_610633\_0006. This intake was related to prevention of abuse and neglect.**

**During the course of the inspection, the inspector(s) spoke with the Administrator,  
Director of Care (DOC), Assistant Director of Care (ADOC), Infection Prevention and  
Control (IPAC) Lead, Environmental Services Manager (ESM), Registered Nurses  
(RN), Physiotherapy Assistant (PTA), resident's, and Personal Support Workers  
(PSW).**

**The inspector observed infection prevention and control measures, dining,  
resident to resident and staff to resident interactions, and general care of  
residents. A review of relevant documentation was completed.**

**The following Inspection Protocols were used during this inspection:  
Infection Prevention and Control  
Prevention of Abuse, Neglect and Retaliation**

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

**1 WN(s)  
1 VPC(s)  
0 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:**

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REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2021_610633_0006		753

**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. The licensee has failed to ensure that staff fully participated in the implementation of the infection prevention and control program in relation to performing hand hygiene for residents.

The home's Hand Hygiene policy (revised September 2020) stated that residents' hands were to be cleaned before assisting them with meals or snacks.

At the time of inspection, several residents in the dining room, were not reminded, encouraged or assisted by staff to perform hand hygiene before or after their lunch meal.

A sign was posted in the entry of the dining room reminding staff to sanitize residents' hands before entering the dining room, after they finished their meal and prior to exiting the room.

Additionally, residents were offered morning snack in their rooms and staff did not remind, encourage or assist the residents to perform hand hygiene before or after they consumed their snack.

Direct care staff stated that since residents were in their rooms, they were not reminding or encouraging them to perform hand hygiene.

A resident stated that staff do not always remind or assist them to clean their hands before eating.

Not ensuring residents were performing hand hygiene before or after having a meal or snack placed staff, essential visitors and residents at increased risk for disease transmission.

Sources: Observations, the home's Hand Hygiene policy (revised September 2020), the home's "Dining Room Reminders" sign, Just Clean Your Hands Long Term Care Home Implementation Guide, Best Practices for Hand Hygiene in All Health Care Settings, 4th edition April 2014, interviews with staff and residents. [s. 229. (4)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that staff fully participate in the implementation of the infection prevention and control program in relation to performing hand hygiene for residents, to be implemented voluntarily.***

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Issued on this 13th day of May, 2021

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

**Original report signed by the inspector.**