

**Ministry of Long-Term Care**

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

**Central West District**

609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901

## Public Report

**Report Issue Date:** December 10, 2024

**Inspection Number:** 2024-1242-0004

**Inspection Type:**

Complaint

**Licensee:** Caressant-Care Nursing and Retirement Homes Limited

**Long Term Care Home and City:** Caressant Care Arthur Nursing Home, Arthur

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 13 - 15, 18 - 22, 2024

The following intake(s) were inspected:

- Intake: #00127805 - Related to improper care of a resident
- Intake: #00128835 - Related to abuse and improper care of a resident

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

Skin and Wound Prevention and Management  
Resident Care and Support Services  
Food, Nutrition and Hydration  
Infection Prevention and Control  
Reporting and Complaints  
Pain Management

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Infection prevention and control program - Standards and requirements

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 23 (3)**

Infection prevention and control program

s. 23 (3) The licensee shall ensure that the infection prevention and control program and what is provided for under that program, including the matters required under subsection (2), comply with any standards and requirements, including required outcomes and accountability measures, provided for in the regulations.

The licensee failed to ensure the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, last revised September 2023, section 5.4 The licensee shall ensure that the policies and procedures for the IPAC program also address: o) Program audit activities, was implemented when their policy did not provide direction that the IPAC Lead conduct at a minimum, quarterly real-time audits of specific activities performed by staff in the home, including but not limited to selection and donning and doffing of Personal Protective Equipment..

**Rationale and Summary:**

The home's policy - Revised June 26, 2023, documented the audit frequency for Personal Protective Equipment donning and doffing was not required when the home was not in outbreak and x2/day when the home was in outbreak.

The home's policy - Revised November 5, 2024, documented the audit frequency for Personal Protective Equipment donning and doffing was to be completed quarterly on residents under ARO contact precautions, if no PPE audits have been completed for an outbreak that quarter.

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A staff member stated they completed nine Personal Protective Equipment audits for the year 2024 to November 21, 2024, and that the home's policy does not meet the requirements of the IPAC standard.

When the home's policy failed to provide direction related to the IPAC standard, IPAC audits were not completed quarterly, at a minimum, and may lead to gaps in ensuring that all staff are following outbreak control measures.

**Sources:** Homes policies, staff interviews and PPE audits

## WRITTEN NOTIFICATION: Pain Management

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 57 (1) 4.**

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

The Licensee failed to monitor a resident's responses to, and the effectiveness of, pain management strategies.

**Rationale and Summary:**

A resident was reported to be in constant pain.

A staff member stated that a resident was in pain.

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The medication administration record for a resident documented pain medication administration but the effectiveness was not assessed.

Staff members stated that the response to pain medication was not assessed for effectiveness.

When pain medication was not assessed for effectiveness the resident was at risk of experiencing ongoing pain and discomfort.

**Sources:** Resident's clinical record and interviews with staff.

## **WRITTEN NOTIFICATION: Infection Prevention and Control Program**

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**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 licensee failed to implement, The Infection Prevention and Control Standard for Long-Term Care Homes, last revised September 2023., 7.3 (b) when they failed to ensure that audits were performed regularly (at least quarterly) to ensure that all staff can perform the IPAC skills required of their role.

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**Rationale and Summary:**

The home's IPAC Audit Program policy revised June 26, 2023, stated "PPE Donning and Doffing was not required on regular frequency".

The home's IPAC Audit Program policy revised November 5, 2024, stated to "complete PPE Donning and Doffing audits (and correct use of) quarterly on residents under ARO contact precautions, if no PPE audits have been completed for an outbreak that quarter".

A staff member stated that they were only completing Personal Protective Equipment audits when the home was in outbreak and the home had not experienced outbreak since December 2023.

A staff member was not tracking team members that had been audited for hand hygiene performance to ensure that all staff have been audited.

Failing to ensure that staff have been audited in relation to IPAC skills required of their role may lead to gaps in ensuring that all staff are following outbreak control measures.

**Sources:** Review of PPE and HH audits, IPAC lead interview, Home's policy.