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

Ottawa Service Area Office
347 Preston Street, Suite 420
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559
ottawasao.moh@ontario.ca

Original Public Report

Report Issue Date: October 5, 2022

Inspection Number: 2022-1040-0001

Inspection Type:
Complaint
Critical Incident System

Licensee: Caressant-Care Nursing and Retirement Homes Limited

Long Term Care Home and City: Caressant Care Bourget, Bourget

Lead Inspector	**Inspector Digital Signature**
Anandraj Natarajan (573)	Anandraj Natarajan Digitally signed by Anandraj Natarajan Date: 2022.10.06 11:11:19 -04'00'

Additional Inspector(s)
Laurie Marshall (742466)
Sarah Stephens (740823)

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
September 26, 2022
September 27, 2022
September 28, 2022
September 29, 2022

The following intake(s) were inspected:

- Intake: #00001041- Fall of a resident resulting in an injury and transfer to the hospital.
- Intake: #00005384- Fall of a resident resulting in an injury and transfer to the hospital.
- Intake: #00006802- Resident to Resident alleged physical abuse.
- Intake: #00004559- Concerns related to the Administrator Qualifications.

Previously Issued Compliance Order(s)

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

Falls Prevention and Management
Infection Prevention and Control
Staffing, Training and Care Standards
Responsive Behaviours
Prevention of Abuse and Neglect
Safe and Secure Home

INSPECTION RESULTS

WRITTEN NOTIFICATION: The Infection Prevention and Control Lead

NC# 001 Written Notification pursuant to FLTCA, 2021, s.154(1)1
Non-compliance with: O.Reg. 246/22, s. 102. (15) 1.
The licensee has failed to ensure that the infection prevention and control lead designated under this section works regularly in that position on site at the home for the following amount of time per week: In a home with a licensed bed capacity of 69 beds or fewer, at least 17.5 hours per week.

Rationale and Summary: During an interview, the Director of Care (DOC) stated that they also share the role and the responsibilities of the infection prevention and control lead (IPACL) in the home. The DOC acknowledged that their scheduled IPACL hours did not meet the minimum requirements of 17.5 hours per week.

Sources: Interview with the DOC and other staff. [573]

WRITTEN NOTIFICATION: Falls Prevention and Management Program

NC# 002 Written Notification pursuant to FLTCA, 2021, s.154(1)1
Non-compliance with: O.Reg. 246/22, s. 53. (1) 1.
The licensee has failed to ensure that their fall prevention and management program is complied with the post fall management procedures.

Rationale and Summary: In accordance with O. Reg. 246/22 s. 53 (1) (1), the licensee is required to ensure there is a falls prevention and management program in place, and in accordance with O. Reg O.

Reg. 246/22 s.11 (1) (b), the licensee must ensure the program is complied with. Specifically, staff did not comply with the policy "Fall Prevention Program -Post Fall Management Procedure" dated August 2021. The policy and procedure indicated that if the resident was found on the floor, the PSW will not move the resident until a registered staff member has assessed the resident and has indicated it is safe to do so. Furthermore, the policy stated that the PSW will follow the registered staff direction to transfer the resident with a mechanical lift.

During this inspection, the inspector observed two PSW staff transfer a resident side by side from the floor to the bed after they discovered the resident had a fall. The PSWs indicated that they transferred the resident from the floor prior to the registered staff assessment and without their direction to transfer the resident with a mechanical lift.

During an interview, the DOC indicated that when a resident fall is discovered, PSW staff are not to move or transfer the resident prior to an assessment by a registered staff.

Sources: Licensee's Fall Prevention Program - Post Fall Management Procedure" dated August 2021, interviews with PSWs and the DOC. [573]