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 District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: July 27, 2023	
Original Report Issue Date: July 19, 2023	
Inspection Number: 2023-1040-0003 (A1)	
Inspection Type: Complaint Critical Incident System	
Licensee: Caressant-Care Nursing and Retirement Homes Limited	
Long Term Care Home and City: Caressant Care Bourget,Bourget	
Amended By Mark McGill (733)	**Inspector who Amended Digital Signature** Mark J McGill Digitally signed by Mark J McGill Date: 2023.07.31 14:53:00 -04'00'

AMENDED INSPECTION SUMMARY

This report has been amended to:
correct a numerical error in the NC#002 rational paragraph which read O. Reg. 246/22 s. 268 (4) ix. It has been corrected to O. Reg. 246/22 s. 268 (4) 1. ix.

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Lead Inspector Mark McGill (733)	**Additional Inspector(s)** Lisa Kluke (000725) Maryse Lapensee (000727)
Amended By Mark McGill (733)	**Inspector who Amended Digital Signature** Mark J McGill Digitally signed by Mark J McGill Date: 2023.07.31 14:53:34 -04'00'

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correct a numerical error in the NC#002 rational paragraph which read O. Reg. 246/22 s. 268 (4) ix. It has been corrected to O. Reg. 246/22 s. 268 (4) 1. ix.

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 13-16, 19, 2023

The following intake(s) were inspected:
Complaints related to responsive behaviours:

- #00020185 and #00020316

Critical Incidents' related to loss of essential services:

- #00022491, CIR #1160-000005-23 and #00084640, CIR #1160-000006-23

CI related to falls prevention and management:

- #00088549, CIR #1160-000011-23

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

Safe and Secure Home
Infection Prevention and Control
Responsive Behaviours
Falls Prevention and Management

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Accommodation Services

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

The licensee has failed to ensure that, their dry system sprinkler and standpipes equipment for the attic space above the second floor resident unit, were maintained in a safe condition and in a good state of repair.

Rationale and summary:

On two dates in March, 2023, the home submitted a critical incident report for each occasion when their dry system sprinkler and standpipe equipment went offline due to a leak in their pipe system.

The Maintenance Manager for the home reported this dry system sprinkler and standpipe were old and in poor state of repair. The Maintenance Manager reported the standpipes for this sprinkler system have been repaired frequently, however once one area is repaired, another leak will develop often Spring and Fall of every year.

The Executive Director reported this same dry system has become inoperable five times from in March, 2023. The home had to implement the fire watch procedure 55 days in this period of time due to leaks in the sprinkler stand pipes. The Executive Director reported this sprinkler standpipe system is required to be replaced due to the state of frequent disrepair.

As such, the dry system sprinkler/standpipe equipment for the attic space is in poor state of repair. This disrepair frequently makes this system go offline whereby the sprinkler system is required to be turned off by Georgian Bay Sprinkler company and calls placed to their local fire department to inform. Potential risk and harm related to fire safety system being inoperable on frequent occasions in the home, leading to registered nursing staff being pulled away from their duties to implement the inspection duties required hourly as assigned fire watch position.

Sources: Interview with Executive Director and Maintenance Manager and record review of critical incident reporting system [000725]

WRITTEN NOTIFICATION: Emergency Plans

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 90 (1)

The licensee has failed to comply with the policy and procedure on Sprinkler Failure Process when they have to shut down their fire sprinkler dry system to the second floor attic space due to leaks in the pipes.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that as per the FLTCA, 2021 s. 90 (1) that there are emergency plans in place for the home that comply with the regulations. Emergency plans in O. Reg 246/22 s. 268 (2) indicates the licensee shall ensure that the emergency plans for the home are in writing and O.Reg 246/22 s. 268 (4) 1.ix indicates related items related to essential services. Fire sprinkler failure would be considered an essential service to the home for fire safety.

Rationale and Summary:
Specifically, the staff did not comply with licensee's policy and procedure to complete a log sheet called fire watch log, to document date, time, person conducting the watch, areas covered and comments. This procedure further indicated the person assigned to the fire watch, is to patrol areas of the building every 15 minutes and conduct an hourly inspection of the home and that this inspection is to be documented hourly.

The licensee submitted critical incident reports on two dates in March, 2023 regarding a failure/breakdown of major system- fire sprinkler/standpipe with a leak found in the system as the compressor is running more frequently and their sprinkler system was required to be shut off. One CIR indicated their sprinkler system was not turned back online until a few weeks later. Another CIR was submitted by the home between two dates in March to indicate the same sprinkler system was offline due to another new leak in their pipes.

The Executive Director (ED) provided the licensee policy and procedure to follow when their sprinkler system is inoperable titled "Sprinkler Failure Process" Caressant Care Nursing and Retirement Homes Ltd. Policy ID # LTC-EMER-S1-80.0 last reviewed Aug 15, 2022. The ED reported this to be a policy and procedure in the home's emergency plan. This policy indicated a fire watch log is to document the date, time, person conducting the watch, areas covered and comments hourly while the sprinkler system is inoperable.

Upon review of the fire watch log documents for both first and second floors in the home, several dates and times were identified as not completed for these periods of time.

The Director Of Care (DOC) reported the registered nursing staff are the persons assigned to fire watch in the home. The DOC reported the fire watch person or persons assigned are to verify all areas of the home including the attic space when a sprinkler is inoperable as per their policy.

ED reported when the fire watch log is not documented, that would indicated the hourly inspection of the resident units and attic space were not conducted as required in their policy.

As such, potential risk and harm identified to ensure the safety of the residents and staff when the fire system was inoperable on these occasions, when the fire watch inspections were not conducted and documented.

Sources: Two CIR Reports, Interviews with Executive Director, Director of Care, Maintenance Manager, observations of the fire watch inspection areas, record reviews of the manager on call resource binder, fire log watch documents, policy and procedures.[000725]

WRITTEN NOTIFICATION: Fall Prevention and Management Program

NC #003 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 the Falls Management Program was complied with.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to have a falls management program to reduce the incidence of falls and the risk of injury, and it must be complied with.

Rationale and Summary

Specifically, staff did not comply with the Post Fall Management procedure, which was included in the licensee's Falls Management Program and in effect when the resident fell.
The Falls Management policy directed, under section Post Fall Management, the registered staff to:
#1. initiate a Post Fall Investigation Assessment at the bedside for the Resident (for all witnessed and unwitnessed falls) then transcribe findings into the post fall investigation document in Point Click Care (PCC.) The electronic assessment will guide the assessment of the resident (see – Post Fall Investigation assessment in PCC.
#2. initiate the Head Injury Routine with a witnessed fall with head injury and with all un-witnessed falls (see – Post Fall Head Injury Routine Procedure and HIR Form-Neurological Vital Signs).

A residents' health care record showed that two assessments related to falls prevention and management had not been completed.

Assistant Director of Care (ADOC) confirmed that the incident was considered as an unwitnessed fall, and no post fall investigation assessment was completed.

A Registered Nurse (RN) confirmed that they didn't do a Post fall investigation assessment and Neurological Vital signs Head Injury assessment.

Sources: resident's health care record, Post-Fall Management procedure (May 2023) and interview with ADOC and RN.

[000727]

WRITTEN NOTIFICATION: Reports Re Critical Incidents

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 115 (3) 4.

The licensee has failed to ensure that the Director was informed in the required time frame of the incident that caused bruising and pain to a resident. The resident was taken to a hospital and that resulted in a significant change in the resident's health condition.

Rationale and summary

A resident was sent to hospital on a specified date, due to pain and bruising. The resident had surgery on a specified date shortly after arriving in hospital, and returned to the home on several days later. The Critical Incident was submitted five days after their arrival back in the home.

The Director of Care (DOC) confirmed that they reported the incident late. Stated that the hospital notified them of the fracture eight days prior to submitting the CIR.

Source: CIS report, residents' health record and interview with DOC

[000727]