

Ministry of Long-Term Care

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

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: March 13, 2025

Inspection Number: 2025-1200-0001

Inspection Type:

Proactive Compliance Inspection

Licensee: Caessant-Care Nursing and Retirement Homes Limited

Long Term Care Home and City: Caessant Care Lindsay Nursing Home, Lindsay

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 25 to 28, 2025 and March 3 to 7, 10 to 12, 2025.

The inspection occurred offsite on the following date(s): February 27, 2025 and March 6, 2025

The following intake(s) were inspected:

- Intake: #00139661 - Proactive Compliance Inspection

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Medication Management
- Residents' and Family Councils
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Quality Improvement
- Residents' Rights and Choices

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Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Residents' Council

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

Non-compliance with: FLTCA, 2021, s. 63 (3)

Powers of Residents' Council

s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

The home did not respond in writing within 10 days to the concerns brought forth by residents during two resident council meetings in 2024, and one council member confirmed they do not see the response until the next monthly meeting. The Executive Director's (ED) June letter to resident council, did not respond to their concerns about missing food items and food temperatures, instead noting that there were no significant concerns and indicating that the dietary team was working on updating the menu to best fit their needs. The Director of Care (DOC) confirmed that they had spoken at the November resident council meeting regarding resident concerns related to weekend agency staffing but the response letter from the ED contained no details of the home's response to the agency staffing concern or food recommendations that were noted in the meeting minutes.

Sources: Resident Council meeting minutes, ED response letters, resident and DOC interviews.

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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. i.

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,
 - i. kept closed and locked,

The licensee failed to ensure that a door that led outside of the home was kept locked. During multiple observations a door that led to a parking lot was able to be opened without entering a code to unlock. The Director of Care (DOC) acknowledged that this door should have been locked.

Sources: Observations, interview with DOC.

WRITTEN NOTIFICATION: Doors in a home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure that a door that led to a non-residential area was

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kept locked when unsupervised by staff. During an observation the door to the Elevator room was unlocked. The room contained equipment that may have caused severe shock or burns. The DOC acknowledged that residents were not allowed access to this room and the door should have been locked.

Sources: Observations, interview with DOC.

WRITTEN NOTIFICATION: Food Production

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

Non-compliance with: O. Reg. 246/22, s. 78 (2) (d)

Food production

s. 78 (2) The food production system must, at a minimum, provide for,
(d) preparation of all menu items according to the planned menu;

Dietary staff regularly failed to document approval from the Food and Nutrition Manager (FNM) or delegate, when substitutions were made for missing food items. The Dietary Aides (DA's) indicated that needed/missing food items placed on the grocery list for the attention of the FNM, were sometimes not replenished for long periods, resulting in the need to alter the menu or leave out the ingredients. The FNM acknowledged that sometime things were missed and communication could be better, confirming that missing recipe ingredients were a concern.

Sources: 2025 Menu Change Forms, clipboard list of needed grocery items, interviews with two DA's and FNM.

WRITTEN NOTIFICATION: Food Production

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 78 (2) (e)

Food production

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s. 78 (2) The food production system must, at a minimum, provide for,
(e) menu substitutions that have similar nutritional value;

Approval documentation on the Menu Change Forms were missing for most of the substitutions that were made for multiple unavailable food items in a two month period. The Food and Nutrition Manager (FNM) confirmed that staff were expected to bring food substitutions to the FNM, or in their absence another manager or charge nurse, for approval and this was not documented.

Sources: 2025 Menu Change Forms, FNM interview.

WRITTEN NOTIFICATION: Dining and Snack Service

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 8.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

8. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

During a lunch meal a resident was served milk in a nosey cup and juice in a regular cup, and the personal support worker (PSW) acknowledged they were unsure why there were two different cup types for the same resident, or if a nosey cup was needed. At the same meal another resident was observed being served soup in a bowl and the diet reference list used by dietary staff for preparation and serving of resident meals, identified that a soup mug was to be used for the one resident and a nosey cup for the other resident.

Sources: lunch observation, diet reference list, PSW interview.

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COMPLIANCE ORDER CO #001 Dining and Snack Service

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

The inspector is ordering the licensee to comply with a Compliance Order

[FLTCA, 2021, s. 155 (1) (a)]:

Specifically, the licensee shall:

1) Create a process by which food temperatures are taken and recorded during the cooking process, as per food handling best practices.

2) The Food and Nutrition Manager (FNM) will provide in-person education to all cooks, dietary aides and managers regarding the new cooking temperature and recording process, and maintain a training log containing the education content, date, and signatures of trainer and attendees, and provide to the inspector upon request.

3) The FNM or in their absence a delegate Cook or Manager will complete a daily audit of the Aspen kitchen cooking records and point of service food temperature records for all three resident serveries, for a period of four weeks. The audit will include at minimum, if staff completed temperatures for all meals and recorded corrective actions (when applicable) for unsafe temperatures, as per the home's policy for cold and hot food temperatures. The auditor will record any corrective actions they took in response to non-compliance identified in their review, date, sign, and provide the audit records to the inspector upon request.

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4) The FNM will develop and implement an in-person education session, to all cooks and dietary aides covering at minimum the following topics: safe food handling practices, food borne illness hazards and prevention, safe cooking/serving temperature policies, expectations for food temperature documentation prior to serving meals to residents, and corrective actions to be taken when food temperatures are identified as unsafe.

5) Maintain a training log of the education provided in condition 4) containing the education content, date, and signatures of trainer and attendees and provide to the inspector upon request.

6) The FNM will create a process to ensure all food temperature records are audited on an ongoing basis, and corrective actions are taken by the auditor when non-compliance is identified, and share this process with all members of the management team.

Grounds

The Food and Nutrition Manager (FNM) was unaware that dietary staff had failed to conduct food temperature monitoring for the breakfast and lunch meals in the main Aspen unit kitchen on a specific date. Dietary Aides (DA's) confirmed forgetting or being too rushed to complete the temperatures. A resident expressed frustration regarding food safety, recalling examples of improperly cooked food which had been served to them more than once. The FNM confirmed that dietary staff on each resident wing were expected to record food temperatures before serving each meal, and report unsafe readings to the FNM to determine corrective actions, and this was not done on multiple dates.

The licensee failed to ensure that food and fluids were being served at a temperature that was both safe and palatable to residents, placing them at

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increased risk of foodborne illness.

Sources: Point of Service Food Temperature records, interviews with a resident, two DA's, and FNM.

This order must be complied with by: May 23, 2025

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REVIEW/APEAL 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

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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

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Director

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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.