

**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
Inspection de soins de longue durée**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130, avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 29, 2021	2021_961243_0005	012960-21	Complaint

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 on Mary Bucke
4 Mary Bucke Street St Thomas ON N5R 5J6

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

ANGELA FINLAY (705243), RHONDA KUKOLY (213)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): November 25-26, 2021.

**The following intake was completed in this complaint inspection:
Log #012960-21, related to sufficient staffing.**

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Care, Registered Practical Nurses, a Housekeeper and the Maintenance Manager.

The inspectors also toured the home, observed resident common areas, and reviewed the home's complaint reports and their staff scheduling reports.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Sufficient Staffing**

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

1 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</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. 9. Doors in a home
Specifically failed to comply with the following:**

**s. 9. (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,**
 - ii. equipped with a door access control system that is kept on at all times, and**
 - iii. equipped with an audible door alarm that allows calls to be cancelled only at
the point of activation and,**
 - A. is connected to the resident-staff communication and response system, or**
 - B. is connected to an audio visual enunciator that is connected to the nurses'
station nearest to the door and has a manual reset switch at each door.**
- O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that all doors leading the outside of the home, other than doors leading to secure outside areas that preclude exit by a resident, were kept closed and locked.

On November 25, 2021, the south door to the exterior of the home had a yellow wanderguard strip across the doorway. When the inspector pushed on the exterior door, it opened and an alarm sounded. Outside, there was a gate to the right of the door that was wide open, which lead directly to the street area.

The Maintenance Manager #105 and Executive Director #100 said that the exterior gate leading to the street from the south exit was supposed to be kept closed and locked at all times. The external door and the gate being left unlocked created a risk to residents.

Sources: Observations, staff interviews. [s. 9. (1) 1. i.]

Issued on this 29th day of November, 2021

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

Original report signed by the inspector.