

**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

**Original Public Report**

<b>Report Issue Date:</b> November 18, 2024
<b>Inspection Number:</b> 2024-1400-0003
<b>Inspection Type:</b> Proactive Compliance Inspection
<b>Licensee:</b> Caessant-Care Nursing and Retirement Homes Limited
<b>Long Term Care Home and City:</b> Caessant Care on McLaughlin Road, Lindsay

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): October 28 - 31, 2024 and November 1, 4, 5, 7, 8, 2024

The following intake(s) were inspected:

- Intake: #00124681 - Proactive Compliance Inspection

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

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

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Pain Management

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC # remedied pursuant to FLTCA, 2021, s. 154 (2)

**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 doors leading to non-residential areas were kept closed and locked to restrict unsupervised access to those areas by residents.

### Rationale and Summary

A Proactive Compliance Inspection was conducted.

During the initial tour of the long-term care home, the inspector was able to open three doors equipped with locks without entering a code; The doors were not supervised by staff:

A door with a sign indicating Janitor room with cleaning chemicals, disinfectants and

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a hopper sink inside; when the door closed, the inspector could not open it again. A door with a sign indicating linen room with carts of linens and an electrical panel that opened to show wires inside; when the door closed, the inspector could not open it again. A door with a sign indicating clean utility room with continence care products, toiletries, and razors. The inspector was able to open the door by pushing the enter button without entering a code.

A PSW confirmed that the clean utility room door opened without entering the code and indicated that the door shouldn't open without the code.

Administrator and Environmental Service Manager (ESM) confirmed that janitor, linen, and clean utility room doors should be closed and locked when not supervised by staff.

The locks of the three rooms were replaced within a few hours.

Failure of the licensee to ensure doors leading to non-residential areas are kept closed and locked posed a risk of harm to residents.

**Sources:** Observations, Interview with a PSW, Administrator, and ESM.

Date Remedy Implemented: October 29, 2024

## **WRITTEN NOTIFICATION: DRUG DESTRUCTION AND DISPOSAL**

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

**Non-compliance with: O. Reg. 246/22, s. 148 (2) 2.**

Drug destruction and disposal

s. 148 (2) The drug destruction and disposal policy must also provide for the following:

2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any

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controlled substance that is available for administration to a resident, until the destruction and disposal occurs.

The licensee has failed to ensure that controlled substances to be destroyed and disposed of are stored in a double-locked storage area within the home.

**Rationale and Summary**

A Proactive Compliance Inspection was conducted.

The home's controlled medication disposal storage consisted of a locked box within a locked medication room. The box was made of wood and featured a small drop slot at the top, resembling a library book return box. Registered staff members are responsible for placing disposed controlled medications into the slot, which should then slide into a locked compartment.

While observing the medication program with a Registered Nurse (RN) a blister pack contained several tablets of a controlled medication was found in the slot and not pushed into the locked compartment.

The RN acknowledged that the medication blister pack was disposed a few days ago, and confirmed that disposed controlled medications should be fully pushed into the locked storage compartment.

Director of Care (DOC) confirmed that staff were required to ensure disposed controlled medications were fully pushed into the locked compartment to maintain proper double-lock storage.

Failure to store controlled medications awaiting destruction in double-locked storage increases the risk of unauthorized access to the disposed medications.

**Sources:** Observations, Interview with RN and DOC.