

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

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

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| Report Issue Date: September 25, 2023 | |
| Inspection Number: 2023-1144-0007 | |
| Inspection Type: Complaint Critical Incident Follow up | |
| Licensee: Caessant-Care Nursing and Retirement Homes Limited | |
| Long Term Care Home and City: Caessant Care Woodstock Nursing Home, Woodstock | |
| Lead Inspector Samantha Perry (740) | Inspector Digital Signature |
| Additional Inspector(s) Melanie Northey (563) | |

INSPECTION SUMMARY

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| <p>The inspection occurred onsite on the following date(s): August 9, 10, 11, 15, 16, 17, 18, 21, 22, 23, 24, 28, 29, 30, 31, 2023 and September 1, 2023.</p> <p>The inspection occurred offsite on the following date(s): August 25, 2023.</p> <p>The following intake(s) were inspected:</p> <p>Intake: #00086143, CI #2636-000016-23 related to falls prevention and management;</p> <p>Intake: #00089540, a complaint related to medication administration;</p> <p>Intake: #00090645, a complaint related to resident care and support services concerns;</p> <p>Intake: #00090990, related to Follow-up: CO #005 / 2023-1144-0005 O. Reg. 246/22 - s. 108 (1) 1. Dealing with complaints;</p> <p>Intake: #00090991, related to Follow-up: CO #006 / 2023-1144-0005 O. Reg. 246/22 - s. 108 (2) (a) Dealing with complaints;</p> <p>Intake: #00090992, related to Follow-up: CO #004 / 2023-1144-0005 O. Reg. 246/22 - s. 95 (1) (b) Laundry service;</p> <p>Intake: #00090993, related to Follow-up: CO #001 / 2023-1144-0005 FLTCA, 2021 - s. 24 (1) Duty to protect;</p> <p>Intake: #00090994, related to Follow-up: CO #003 / 2023-1144-0005 FLTCA, 2021 - s. 25 (1) Prevention of Abuse and Neglect policy;</p> |
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Intake: #00090995, related to Follow-up: CO #002 / 2023-1144-0005 O. Reg. 246/22 - s. 140 (2) Administration of Medications;
Intake: #00090996, CI #2636-000022-23 related to alleged staff to resident neglect;
Intake: #00092011, a complaint related to medication administration;
Intake: #00092293, a complaint related to laundry services, resident bathing, and resident plan of care;
Intake: #00094309, CI #2636-000033-23 related to alleged staff to resident neglect;
Intake: #00094837, CI #2636-000034-23 related to alleged staff to resident neglect;
Intake: #00094921, CI #2636-000036-23 related to alleged staff to resident abuse;
Intake: #00095284, CI #2636-000038-23 related to alleged staff to resident neglect;
Intake: #00095383, CI #2636-000039-23 related to alleged staff to resident neglect.

The following intakes were completed in this inspection;

Intake: #00095093, CI #2636-000037-23 related to falls prevention and management;
Intake: #00086669, CI #2636-000017-23 also related to falls prevention and management.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #005 from Inspection #2023-1144-0005 related to O. Reg. 246/22, s. 108 (1) 1. inspected by Samantha Perry (740)

Order #006 from Inspection #2023-1144-0005 related to O. Reg. 246/22, s. 108 (2) (a) inspected by Samantha Perry (740)

Order #004 from Inspection #2023-1144-0005 related to O. Reg. 246/22, s. 95 (1) (b) inspected by Samantha Perry (740)

Order #003 from Inspection #2023-1144-0005 related to FLTCA, 2021, s. 25 (1) inspected by Samantha Perry (740)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #001 from Inspection #2023-1144-0005 related to FLTCA, 2021, s. 24 (1) inspected by Melanie Northey (563)

Order #002 from Inspection #2023-1144-0005 related to O. Reg. 246/22, s. 140 (2) inspected by Melanie Northey (563)

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Housekeeping, Laundry and Maintenance Services
- Medication Management
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Reporting and Complaints
- Falls Prevention and 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 #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

FLTCA, 2021, s. 3 (1) 19. iv.

The licensee failed to ensure that the trustee of the estate of a deceased resident was given access to their personal health information (PHI) including their plan of care, in accordance with that Act.

Rationale and Summary

The Executor and Trustee requested a copy of all records for the time a resident was residing at Caressant Care Woodstock Long-Term Care Home. Certain requested records were kept in the resident's paper chart, and others were in the resident's electronic medical records on Point Click Care (PCC).

Executive Director (ED) and Vice President of Operations verified the entirety of the requested records were not provided by the home as requested. Both the ED and Vice President of Operations stated all requested records would be provided to the Executor and Trustee as soon as possible.

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Sources: Executor interview, staff interviews and review of the resident clinical records. [563]

Date Remedy Implemented: August 28, 2023

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

FLTCA, 2021, s. 6 (1) (c)

The licensee failed to ensure there was a written plan of care for each resident that set out clear directions to staff and others who provided direct care to the residents.

Rationale and Summary

The Ministry of Long-Term Care (MLTC) received several critical incident reports related to the lack of resident continence care by staff.

A review of several residents' plans of care documented specific continence care directions to be provided to each resident by staff. However, in most cases either the resident did not have the cognitive ability to ask for staff assistance with their continence care, as per the directions provided in their plans of care, and or the staff directions for resident continence care were unclear.

The direction to provide specific urinary continence care was unclear but did not impact the outcome of care at the time of the inspection. The plans of care for each resident were updated to provide clear directions to staff and others who provide the residents' direct care.

Sources: resident observations and clinical record reviews, and staff interviews. [563]

Date Remedy Implemented: September 1, 2023

WRITTEN NOTIFICATION: Residents' Bill of Rights

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 18.

The licensee has failed to ensure that every resident's right to be afforded privacy in care for their personal needs during their bath and or shower was fully respected and promoted.

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The Ministry of Long-Term Care (MLTC) received several complaints related to multiple residents being bathed and or showered at the same time in the same tub/shower room.

During the course of this inspection and through multiple interviews with staff and management it was identified that multiple residents were being bathed and or showered together in the same tub/shower room at the same time. This practice was completed repeatedly with multiple residents and continued for an indeterminate period. This practice violated the residents' rights to be afforded privacy while receiving personal care, impacting the residents' personal wellbeing, and increasing their risk of cross contamination acquired infections through poor infection prevention and control practices.

Sources: Interviews with staff and management. [740]

WRITTEN NOTIFICATION: Complaints procedure — licensee

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

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

The licensee has failed to ensure a written complaint reported by a staff member, concerning the care of several residents was immediately forwarded to the Director in the manner set out in the regulations.

The Ministry of Long-Term Care (MLTC) received a critical incident system report (CIS) related to alleged staff to resident neglect.

A review of the home's investigation notes, the written complaint reported by a staff member, the CIS report, and the MLTC reporting system, showed there was no documented Complaint / Response CIS report submitted by the home, including the written complaint as an attachment, as per the legislation.

Sources: CIS report, the MLTC reporting system, the home's investigation notes, and the written complaint. [740]

WRITTEN NOTIFICATION: Licensee must investigate, respond and act

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

Non-compliance with: FLTCA, 2021, s. 27 (1) (a) (ii)

The licensee has failed to ensure that every alleged, suspected or witnessed incident of neglect of any resident by the licensee or staff, that was reported to the licensee was immediately investigated.

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The Ministry of Long-Term Care (MLTC) received a critical incident system (CIS) report related to alleged staff to resident neglect.

A review of a written complaint documented several incidents of alleged staff to resident neglect. The written complaint also documented additional critical incidents of suspected staff to resident neglect.

A review of the CIS report documented the incidents of alleged staff to resident neglect for some of the incidents described in the written complaint, but the CIS report did not document any of the additional incidents. The additional incidents were not immediately investigated, acted upon and or responded to by the home, increasing the residents' risk of altered skin integrity, and impacting their right to autonomy over their care, comfort, and wellbeing.

The Director of Care (DOC) said the additional concerns should have been immediately investigated and were not.

Sources: CIS report, a staff member's written complaint, and interviews with staff and management. [740]

WRITTEN NOTIFICATION: Reporting certain matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

The licensee failed to ensure that when a person had reasonable grounds to suspect that residents' were neglected by staff, resulting in a risk of harm, that the suspicions and the information upon which they were based were immediately reported to the Director.

A) The Ministry of Long-Term Care (MLTC) received a Critical Incident System (CIS) report, detailing an incident of alleged staff to resident neglect.

A review of the first CIS report, noted the report was submitted by the home to the MLTC three days after the original incident date, and a review of the MLTC after hours phone line documented no call was received from the home to immediately report the suspicions of staff to resident neglect.

Sources: Review of CIS report, and interviews with staff and management. [740]

B) The Ministry of Long-Term Care (MLTC) received a Critical Incident System (CIS) report, detailing an incident of alleged staff to resident neglect.

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A review of the second CIS report, noted the report was submitted by the home to the MLTC four days after the original incident date, and a review of the MLTC after hours phone line documented no calls were received from the home to immediately report the allegations of staff to resident neglect.

The Director of Care (DOC) said the CIS report was submitted late.

Sources: Review of CIS report and interviews with staff and management. [740]

WRITTEN NOTIFICATION: Conditions of Licence

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 104 (4)

The licensee failed to comply with the conditions to which the licensee was subject related to Compliance Order (CO) #001 for the FLTCA, s. 24 (1) Duty to Protect with a Compliance Due Date (CDD) of July 17, 2023.

Rationale and Summary

The licensee was to develop and implement an auditing process to ensure certain medical directives were processed and implemented by staff for all residents admitted to the home. The home developed the "New Admission Audit" a tool to ensure the medical directives for residents were followed and implemented. There was one resident admission to the home and the audit was completed late, documented that the medical directives were processed late, and the required second nurse's signature was absent, with no corrective actions.

Assistant Director of Care (ADOC) acknowledged the "New Admission Audit" tool was ineffective and did not include the required timelines to ensure the medical directives were processed and implemented by staff on day "1" and day "2". ADOC revised the "New Admission Audit" to include specific days with specific auditing tasks to be completed by staff.

Additionally, the licensee was to re-educate some of the registered nursing staff regarding the revised procedure and timelines for implementing the medical directives. A review of the re-education content records documented some of the re-education content was reviewed with staff but not all.

Sources: CO #001, Registered Staff PowerPoint Presentation, Move In Checklist, New Admission Audit, Compliance Education Tracking CCHN Registered Staff and Agency Staff, relevant policies, records and forms, resident clinical records, and staff interviews. [563]

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An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Written Notification NC #007

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice. In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

A CO was issued during inspection 2023_1144_0005 under FLTCA, 2021 s. 24 (1).

This is the first AMP that has been issued to the licensee for failing to comply with this requirement. Invoice with payment information will be provided under a separate mailing after service of this notice. Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

WRITTEN NOTIFICATION: Conditions of Licence

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 104 (4)

The licensee failed to comply with the conditions to which the licensee was subject related to Compliance Order (CO) #002 for the O. Reg. 246/22, s. 140 (2) Administration of Medications with a Compliance Due Date (CDD) of July 17, 2023.

Rationale and Summary

The licensee was to re-educate some of the registered nursing staff, on the home's reviewed and revised procedure for obtaining, transcribing, and processing physicians orders, and keep a record.

A review of the signature record and an interview with Assistant Director of Care (ADOC), confirmed that not all registered staff were re-educated as ordered.

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The licensee was to also perform an audit of one resident once a week, rotating the home areas each week to review and ensure all physician orders were being processed. There was no record of a "Processing Physician Orders Audit" completed for certain weeks, and ADOC verified there was no one particular management team member responsible for ensuring all weekly audits were completed.

Sources: CO #002, Registered Staff PowerPoint Presentation, Move In Checklist, Processing Physician Orders Audit, Compliance Education Tracking CCNH Registered Staff and Agency Staff, relevant policies, records and forms, and staff interviews. [563]

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #002

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #002

Related to Written Notification NC #008

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice. In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

A CO was issued during inspection 2023_1144_0005 under FLTCA, 2021 s. 140 (2).

This is the first AMP that has been issued to the licensee for failing to comply with this requirement. Invoice with payment information will be provided under a separate mailing after service of this notice. Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

WRITTEN NOTIFICATION: Bathing

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 37 (1)

The licensee has failed to ensure that multiple residents were bathed, at a minimum, twice a week.

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The Ministry of Long-Term Care (MLTC) received several complaints related to residents missing their scheduled baths.

A record review for multiple residents was completed and the following was noted:

Multiple residents missed one or more of their scheduled baths and there were no as needed (PRN) baths and or showers completed for any of the residents in an effort to make up for their missed baths. There was a risk of altered skin integrity and an impact on the residents' rights when they failed to receive regular baths or showers in a consistent manner to meet their personal hygiene requirements.

A Personal Support Worker (PSW) said, when a resident's bath/shower was missed during a day or evening shift. The residents' baths/showers were not completed on another shift, as the other shifts had their own assigned baths, and did not have time to complete previously missed baths/showers.

Sources: Residents' clinical records and interviews with staff. [740]

WRITTEN NOTIFICATION: Continence Care and Bowel Management

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 56 (2) (b)

The licensee failed to ensure that each resident who was incontinent had an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan was implemented.

Rationale and Summary

A Critical Incident (CI) Report identified multiple residents allegedly neglected by staff when the residents did not receive their continence care as needed to meet their personal needs. The suspicion was reported by staff to management and then immediately investigated by the home.

A review of the residents' clinical records and interviews with the Assistant Director of Care (ADOC) and Executive Director (ED) verified the residents' continence care was not provided in accordance with the residents' individualized continence plans. They said it was evident the residents had not received adequate continence care and should have, and this placed each resident at risk for skin breakdown and other clinical complications.

Sources: resident observations and clinical record reviews, and staff interviews. [563]

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WRITTEN NOTIFICATION: Dealing with complaints

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (1) 1.

The licensee has failed to ensure that a written complaint made to a staff member concerning resident bathing/showering practices was immediately investigated and resolved.

The Ministry of Long-Term Care (MLTC) received a complaint related to multiple residents being bathed/showered together at the same time in the same tub/shower room.

During the course of this inspection and interviews with staff and management it was identified that a written complaint concerning multiple residents being bathed/showered together in the same tub/shower room was reported to the home's management team.

A review of the written complaint, the home's complaint binder and an interview with a management team member, supported there was no investigation completed by the home to identify the residents who were being bathed/showered together, monitoring of the residents' wellbeing, interviews and re-education with staff members involved or communication with the residents' substitute decision makers (SDM) to notify them of the breach in residents' rights. There was increased risk to the residents when the licensee failed to respond appropriately to the written complaint, impacting how the residents received their baths/showers.

Sources: Review of the home's complaints binder, and interviews with staff and management. [740]

WRITTEN NOTIFICATION: Dealing with complaints

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (2) (a)

The licensee failed to ensure that a documented record was kept in the home that included the nature of a written complaint related to improper resident bathing/showering practices.

The Ministry of Long-Term Care received a complaint concerning the resident bathing practices in the home.

The management team received a written complaint related to multiple residents being bathed/showered together at the same time and in the same tub/shower room.

A review of the home's complaint binder and an interview with a management team member,

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supported there was no documentation kept in the home of the nature of the written complaint. The risk to all residents involved increased when the licensee failed to respond appropriately to the written complaint and correct the improper bathing/showering practices, impacting the residents' rights to privacy during personal care.

Sources: Review of the home's complaints binder, and interviews with staff and management. [740]

WRITTEN NOTIFICATION: Dealing with complaints

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (2) (b)

The licensee failed to ensure that a documented record was kept in the home of a written complaint related to improper resident bathing/showering practices, that included the date the complaint was received.

A review of the home's complaint binder and an interview with management team member #102, supported there was no documentation kept in the home of the date the written complaint was received. The risk to all residents involved increased when the licensee failed to respond appropriately to the written complaint and correct the improper bathing/showering practices, impacting the residents' rights to privacy while receiving personal care.

Sources: Review of the home's complaints binder, and interviews with staff and management. [740]

WRITTEN NOTIFICATION: Dealing with complaints

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (2) (c)

The licensee failed to ensure that a documented record was kept in the home of a written complaint related to improper resident bathing/showering practices, that included the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required.

A review of the home's complaint binder and an interview with a management team member, supported there was no documentation kept in the home of the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required. The risk to all residents involved increased when the licensee failed to respond appropriately to the written complaint and correct the improper bathing/showering practices, impacting the

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residents' rights to privacy while receiving personal care.

Sources: Review of the home's complaints binder, and interviews with staff and management. [740]

WRITTEN NOTIFICATION: Dealing with complaints

NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (2) (d)

The licensee failed to ensure that a documented record was kept in the home of a written complaint related to improper resident bathing/showering practices, that included the final resolution.

A review of the home's complaint binder and an interview with a management team member, supported there was no documentation kept in the home of the final resolution. The risk to all residents involved increased when the licensee failed to respond appropriately to the written complaint and correct the improper bathing/showering practices, impacting the residents' rights to privacy while receiving personal care.

Sources: Review of the home's complaints binder, and interviews with staff and management. [740]

WRITTEN NOTIFICATION: Dealing with complaints

NC #016 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (2) (e)

The licensee failed to ensure that a documented record was kept in the home of a written complaint related to improper resident bathing/showering practices, that included every date on which any response was provided to the complainant and a description of the response.

A review of the home's complaint binder and an interview with a management team member, supported there was no documentation kept in the home of every date on which any response was provided to the complainant and a description of the response. The risk to all residents involved increased when the licensee failed to respond appropriately to the written complaint and correct the improper bathing/showering practices, impacting the residents' rights to privacy while receiving personal care.

Sources: Review of the home's complaints binder, and interviews with staff and management. [740]

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COMPLIANCE ORDER CO # Prevention of Abuse and Neglect

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

Non-compliance with: FLTCA, 2021, s. 24 (1)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The Licensee has failed to comply with FLTCA, s. 24 (1)

Specifically, the licensee must:

- a) Develop and implement an auditing process to ensure the morning care for a resident will be provided as planned. The audit will ensure care is provided in a safe manner, and the quality of care responds to the resident's physical and emotional needs with respect and dignity. The audit will include the activities of daily living, the safety interventions in place, and the interactions between the staff and the resident.
- b) Keep a written record of the completed audits, dates, person completing the audit, and the actions taken to correct any deficiencies. The auditing process must continue until the Compliance Order has been complied by an inspector.
- c) Review the process in place related to progressive disciplinary action. Keep a written record of the review, the date, the names of those who participated in the review and any revisions, if any, were made.
- d) Ensure the progressive discipline process is included as part of the written policy to promote zero tolerance of abuse and neglect of residents.

Grounds

The licensee failed to protect a resident from abuse by anyone and failed to ensure the resident was protected from neglected by the licensee or staff.

For the purposes of the Act and Ontario Regulation 246/22:

s. 7, "neglect means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents."

s. 2 (1), "verbal abuse" means, (a) any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident".

s. 2 (1), "physical abuse" means, (a) the use of physical force by anyone other than a resident that

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causes physical injury or pain.”

Rationale and Summary

A Critical Incident (CI) Report documented a Personal Support Worker (PSW) was overheard by Assistant Director of Care (ADOC) speaking loudly to a resident during morning care. On multiple occasions the PSW spoke loudly and sharply with the resident when attempting to provide their morning care, and expected the resident to assist with their own care even though the resident was incapable. The resident stated they were very upset; they were in pain related to a sustained injury inflicted by the PSW during care and were unable to assist the PSW with any of their care. ADOC stated they immediately went to the resident’s room to intervene and ensure the resident’s safety.

Through the home’s investigation and interviews with management the reported incident of staff to resident abuse and neglect was founded, impacting the resident’s wellbeing and putting the resident at risk of further injury and health complications.

Sources: Critical Incident report, investigation notes, resident clinical record reviews, observations and, resident and staff interviews. [563]

This order must be complied with by November 10, 2023

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #003

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #003

Related to Compliance Order CO #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$11000.00, to be paid within 30 days from the date of the invoice. In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:

A CO was issued during inspection 2023_1144_0005 under FLTCA, 2021 s. 24 (1).

This is the second AMP that has been issued to the licensee for failing to comply with this requirement.



**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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Invoice with payment information will be provided under a separate mailing after service of this notice. Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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REVIEW/APPEAL 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

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

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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

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

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.