



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection prévue
le Loi de 2007 les foyers de
soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

Central West Service Area Office
500 Weber Street North
WATERLOO ON N2L 4E9
Telephone: (888) 432-7901
Facsimile: (519) 885-9454

Bureau régional de services du
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500 rue Weber Nord
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Amended Public Copy/Copie modifiée du public de permis

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Aug 15, 2018;	2018_448155_0002 (A1)	004504-18	Other

Licensee/Titulaire de permis

Caressant-Care Nursing and Retirement Homes Limited
264 Norwich Avenue WOODSTOCK ON N4S 3V9

Long-Term Care Home/Foyer de soins de longue durée

Caressant Care Fergus Nursing Home
450 Queen Street East FERGUS ON N1M 2Y7

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



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Amended by FARAH_ KHAN (695) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

The home has requested an extension of the compliance date to August 30, 2018.

Issued on this 15 day of August 2018 (A1)

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

Original report signed by the inspector.



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



Amended by FARAH_ KHAN (695) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): January 8-12, 15-19, 22-26, 29-31, March 7-9, 12-15, 19, 21-23, 26-29, April 3-6, 9-10, and 12-13, 2018.

This purpose of this inspection was to follow up Director's order #003 that was issued on October 4, 2017 as a result of a Director Referral that was made on September 14, 2017, as part of Inspection #2017_508137_0018. This inspection was done concurrently with the following inspections: Resident Quality Inspection Log #029094-17; Critical Incident System (CIS) Log # 002325-18; CIS Log #001151-18; Complaint Log #004889-18; Complaint Log #004608-18 and Complaint Log #004224-18.

Marian MacDonald, Inspector #137 participated in this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing, Regional Manager/Nurse Consultant, and the Long-Term Care Compliance Consultant.

The inspectors also toured the home, reviewed relevant education materials, reviewed relevant completed employee education materials, observed resident-staff interactions and observed the general maintenance and cleanliness of the home.

Ad-hoc notes were used during this inspection.



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

1 WN(s)

0 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007, s. 101. Conditions of licence



Specifically failed to comply with the following:

s.101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12).

Findings/Faits saillants :

1. The licensee has failed to comply with the following requirement of the LTCHA: it is a condition of every licence that the licensee shall comply with every order made under this Act.

On October 4, 2017, the following Director's order(DO #003) was made under LTCHA, 2007 S.O. 2007, c.8, s. 101 (3) and s. 101(4):

1) The licensee will submit a plan to provide coaching and mentoring support to the Administrator and Director of Care at Caressant Care Fergus related to their respective roles and responsibility, specifically with respect to ensuring and sustaining compliance with requirements under the LTCHA. Given the repeated non-compliance with Orders and Director's Referrals at this home, the lack of understanding exhibited to ministry inspectors with respect to requirements under the LTCHA and the actions needed to address the non-compliance, it is necessary to ensure the leadership team at the home is well positioned to ensure the care and safety of residents in the home. This coaching and mentoring will support the Administrator and Director of Care to achieve compliance with the specific areas of non-compliance and ensure they have the knowledge and skills to sustain that compliance.

2) This coaching and mentoring will be provided by an individual or agency with extensive experience as a Long-Term Care Home Administrator or who provides management services for a Long-Term Care Home. The plan will include the areas to be covered in the coaching and mentoring, timelines for the coaching and mentoring and a report at the end of the mentoring period confirming the areas identified have been covered. The areas covered are to include at a minimum, a detailed overview of the LTCHA and Regulation 79/10, with a particular focus on the current outstanding non-compliance, the requirements of outstanding Inspector and Director's Orders and areas of non-compliance identified in recent inspections.



The plan was to be submitted to the Director by fax or courier by October 20, 2017. The compliance due date was October 31, 2017.

The plan was submitted by the licensee to the Director on October 19, 2017, by fax. The plan stated:

- The home had contracted Long-Term Care Compliance Consultant #152 to provide coaching and mentoring support to the Director of Nursing (DON) and Administrator.
- The coach would provide onsite coaching for a span of three months (October-December) with the focus on the LTCHA and Regulation 79/10 with particular focus on the current outstanding non-compliance issues in the home.
- Upon completion, the coach/mentor would complete a report outlining areas that had been covered and submit this to the Vice President of Operations and the Director of the Ministry of Health and Long-Term Care.
- Caressant Care had initiated one to one support from another seasoned DON for the home's DON commencing in October 2017 for a 10 day period. They were on-site daily. They were conducting audits on programs and providing education and guidance to the DON.
- In addition to the above, the Regional Manager/Nurse Consultant would be on-site with the Administrator and DON two days per week for an identified period of time in October-November 2017. Outside of this, they would remain available to the home via email and telephone. After an identified date in November 2017 the Regional Manager/Nurse Consultant would conduct weekly visits. A review of status of compliance to orders would be part of each visit and reinforcement of the plan put in place by the external consultant. The Regional Manager/Nurse Consultant will be conducting audits of Critical Incident System (CIS) reports, consistency of assessments, review of falls assessment and review of responsive behaviour programs.
- Corporate Vice President of Human Resources would provide the Administrator and DON with some education and training on effective leadership in at least two sessions in November 2017 (dates were to be determined).
- The Administrator and DON would be attending at least two external leadership workshops over the next six months (subject to availability of such workshops).
- The Corporate Education Co-ordinator would be providing education sessions to managers and staff on abuse and neglect, duty to report, skin and wound, falls prevention and behaviour management. These sessions would occur in November of 2017.
- Both the Administrator and DON would be assigned tasks throughout the



coaching/mentoring period with sign-off to promote accountability.

-Performance reviews would be conducted in January 2018 and every two months thereafter for twelve months. Reviews would be reported to Corporate Vice President of Operations and Vice President of Human Resources and if need, performance plan initiated if performance deficiencies were identified. Additional training/support would be assessed at each review and arranged accordingly.

A) On an identified date, Director of Nursing #103 could not provide inspectors with the name of the seasoned Director of Nursing that came for the identified period in October 2017. The Director of Nursing #103 could not provide inspectors with any audits done during that time by the seasoned Director of Nursing nor could they explain any education or guidance that was provided to them by the seasoned Director of Nursing. Administrator #102 was also unable to provide the name of the seasoned Director of Nursing and any education or guidance that was provided to them by the seasoned Director of Nursing.

B) On an identified date, the Long-Term Care Compliance Consultant #152 informed inspector #137 and #155 that on five days in November 2017, full day education sessions on Ministry of Health and Long-Term Care (MOHLTC) legislation, regulated programs, Long-Term Care Act, responsibility of management team, effective communication, leadership, team work, and sustainability were provided to the Administrator #102 and the Director of Nursing #103. The Administrator #102 and the Director of Nursing #103 were given eight individualized work sheets that included a quiz and sign off record to complete.

On an identified date, the Long-Term Care Compliance Consultant #152 informed inspector #137 and #155 by email that the Administrator #102 and Director of Nursing #103 had to complete eight individualized work sheets that included a quiz and sign off record. Inspector #137 asked the Long-Term Care Compliance Consultant #152 to provide the worksheets and quizzes completed by Administrator #102 and Director of Nursing #103. The Long-Term Care Compliance Consultant #152 shared that the DON #103 had not completed the worksheets and quizzes.

On an identified date, inspector #137 asked DON #103 to provide the worksheets and quizzes that were to be completed. DON #103 did not provide any completed worksheets and quizzes. DON #103 resigned on an identified date.

A review of the Long-Term Care Compliance Consultant's #152 site visit reports for



an identified period in 2017 was done.

On February 8, 2018, Inspector #155 spoke with Administrator #102 and asked that the home submit a plan by e-mail regarding Director of Nursing Coverage at the home. Inspector #155 received the plan by email from Administrator #102 stating that RN #134 will be covering most of the critical duties of the Director of Nursing while being supported by Long Term Care Compliance Consultant #152, corporate supports and by the Resident Care Coordinator #121 who was in the home five days per week. After receiving the email, on February 12, 2018, Inspector #155 phoned the home and spoke with Administrator #102 and asked them to explain how their plan met the Long Term Care Homes Act and Regulations. Administrator #102 said that they were unsure and would look into it. On February 13, 2018, Administrator #102 called Inspector #155 and told them that RN #134 was a registered nurse but did not have three years of experience working as a registered nurse in a managerial or supervisory capacity in a health care setting. On February 14, 2018, Inspector #155 received an email from Administrator #102 with their explanation of their plan. The email stated that RN #134 did not meet the requirement of having three years managerial experience in a supervisory role within a long term care facility "as recommended" in Long Term Care regulations. On February 23, 2018 an immediate order was issued that the licensee must be compliant with O.Reg. 79/10, s. 213. (4)(a)(b)(c). On an identified date, Regional manager #143 informed Inspector #155 and #137 that Administrator #102 was no longer the Administrator of the home.

A new Director of Nursing/ Director of Care started on an identified date and a new Administrator/Executive Director was to start on a specific date.

C) During an interview with the Regional Manager #143, when asked by Inspector's #137 and #155 if audits were conducted of Critical Incident System reports, consistency of assessments, reviews of falls assessment and review of responsive behaviour program as per the plan submitted by Caressant Care on October 19, 2017, they shared that they were not done and that they just did not have time to do these reports.

On an identified date, Long-Term Care Compliance Consultant #152 provided Inspector's #137 and #155 a copy of the Quality Improvement Falls Checklist Audit that they had completed in February 2018.

The licensee failed to ensure that they implemented and followed their Plan of



Corrective Action regarding Director Order #003 as submitted to the Director on October 19, 2017 as indicated by the following:

- failed to provide evidence that the seasoned Director of Nursing on-site conducted audits on programs and were unable to state specifically what education and guidance was provided to the Director of Nursing #103;
- failed to ensure that the DON #103 took part in and completed assignments in the coaching and mentoring plan as submitted to the Director on October 19, 2017;
- failed to ensure that the Regional Manager/Nurse Consultant #143 during weekly visits conducted a review of status of compliance to orders and reinforcement of the plan put in place by the external consultant and
- failed to ensure that the Regional Manager/Nurse Consultant #143 conducted audits of Critical Incident System (CIS) reports, consistency of assessments, review of falls assessment and review of responsive behaviour programs. [s. 101. (3)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

(A1)The following order(s) have been amended:CO# 001



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le Loi de 2007 les foyers de
soins de longue durée**

Issued on this 15 day of August 2018 (A1)

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

Original report signed by the inspector.



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the Long-Term
Care Homes Act, 2007, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la Loi de 2007 sur les
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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : Amended by FARAH_ KHAN (695) - (A1)

Inspection No. /

No de l'inspection : 2018_448155_0002 (A1)

Appeal/Dir# /

Appel/Dir#:

Log No. /

No de registre : 004504-18 (A1)

Type of Inspection /

Genre d'inspection: Other

Report Date(s) /

Date(s) du Rapport : Aug 15, 2018;(A1)

Licensee /

Titulaire de permis : Caressant-Care Nursing and Retirement Homes
Limited
264 Norwich Avenue, WOODSTOCK, ON, N4S-3V9

LTC Home /

Foyer de SLD : Caressant Care Fergus Nursing Home
450 Queen Street East, FERGUS, ON, N1M-2Y7

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Penny Silva



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Order(s) of the Inspector

Ordre(s) de l'inspecteur

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2007, c. 8

Aux termes de l'article 153 et/ou de
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foyers de soins de longue durée, L.
O. 2007, chap. 8

To Caressant-Care Nursing and Retirement Homes Limited, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # /

Ordre no : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007, s.101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12).

Order / Ordre :

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the Long-Term
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Ordre(s) de l'inspecteur

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O. 2007, chap. 8

The licensee must be compliant with s.101.(3) of the LTCHA.

Specifically the licensee must comply with the Director's Order #003 from inspection # 2017_508137_0018 served on October 4, 2017 with a compliance date of October 31, 2017.

The licensee must comply with the following parts of the Plan of Corrective Action submitted by the licensee on October 19, 2017:

-After November 15, 2017 the Regional Manager/Nursing Consultant will conduct weekly visits. A review of status of compliance to orders will be part of each visit and reinforcement of plan put in place by the external consultant.

-The Regional Manager/Nurse Consultant will be conducting audits of Critical Incident System reports, consistency of assessments, review of falls assessments and review of responsive behaviour programs.

Any concerns or deficiencies identified in the audits shall be monitored, analyzed, and evaluated to improve the quality of care and services provided to the residents of the long-term care home. The audits shall be documented and kept in the home.

The licensee will provide coaching and mentoring support to the new Administrator/Executive Director and the new Director of Care relating to their respective roles and responsibilities specifically with respect to ensuring and sustaining compliance with requirements under the LTCHA.

Grounds / Motifs :

1. 1. The licensee has failed to comply with the following requirement of the LTCHA: it is a condition of every licence that the licensee shall comply with every order made under this Act.

On October 4, 2017, the following Director's order(DO #003) was made under LTCHA, 2007 S.O. 2007, c.8, s. 101 (3) and s. 101(4):

1) The licensee will submit a plan to provide coaching and mentoring support to the Administrator and Director of Care at Caressant Care Fergus related to their respective roles and responsibility, specifically with respect to ensuring and sustaining compliance with requirements under the LTCHA. Given the repeated non-

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compliance with Orders and Director's Referrals at this home, the lack of understanding exhibited to ministry inspectors with respect to requirements under the LTCHA and the actions needed to address the non-compliance, it is necessary to ensure the leadership team at the home is well positioned to ensure the care and safety of residents in the home. This coaching and mentoring will support the Administrator and Director of Care to achieve compliance with the specific areas of non-compliance and ensure they have the knowledge and skills to sustain that compliance.

2) This coaching and mentoring will be provided by an individual or agency with extensive experience as a Long-Term Care Home Administrator or who provides management services for a Long-Term Care Home. The plan will include the areas to be covered in the coaching and mentoring, timelines for the coaching and mentoring and a report at the end of the mentoring period confirming the areas identified have been covered. The areas covered are to include at a minimum, a detailed overview of the LTCHA and Regulation 79/10, with a particular focus on the current outstanding non-compliance, the requirements of outstanding Inspector and Director's Orders and areas of non-compliance identified in recent inspections.

The plan was to be submitted to the Director by fax or courier by October 20, 2017. The compliance due date was October 31, 2017.

The plan was submitted by the licensee to the Director on October 19, 2017, by fax. The plan stated:

- The home had contracted Long-Term Care Compliance Consultant #152 to provide coaching and mentoring support to the Director of Nursing (DON) and Administrator.
- The coach would provide onsite coaching for a span of three months (October-December) with the focus on the LTCHA and Regulation 79/10 with particular focus on the current outstanding non-compliance issues in the home.
- Upon completion, the coach/mentor would complete a report outlining areas that had been covered and submit this to the Vice President of Operations and the Director of the Ministry of Health and Long-Term Care.
- Caressant Care had initiated one to one support from another seasoned DON for the home's DON commencing in October 2017 for a 10 day period. They were on-site daily. They were conducting audits on programs and providing education and guidance to the DON.
- In addition to the above, the Regional Manager/Nurse Consultant would be on-site with the Administrator and DON two days per week for an identified period of time in

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October-November 2017. Outside of this, they would remain available to the home via email and telephone. After an identified date in November 2017 the Regional Manager/Nurse Consultant would conduct weekly visits. A review of status of compliance to orders would be part of each visit and reinforcement of the plan put in place by the external consultant. The Regional Manager/Nurse Consultant will be conducting audits of Critical Incident System (CIS) reports, consistency of assessments, review of falls assessment and review of responsive behaviour programs.

- Corporate Vice President of Human Resources would provide the Administrator and DON with some education and training on effective leadership in at least two sessions in November 2017 (dates were to be determined).

- The Administrator and DON would be attending at least two external leadership workshops over the next six months (subject to availability of such workshops).

- The Corporate Education Co-ordinator would be providing education sessions to managers and staff on abuse and neglect, duty to report, skin and wound, falls prevention and behaviour management. These sessions would occur in November of 2017.

- Both the Administrator and DON would be assigned tasks throughout the coaching/mentoring period with sign-off to promote accountability.

- Performance reviews would be conducted in January 2018 and every two months thereafter for twelve months. Reviews would be reported to Corporate Vice President of Operations and Vice President of Human Resources and if need, performance plan initiated if performance deficiencies were identified. Additional training/support would be assessed at each review and arranged accordingly.

A) On an identified date, Director of Nursing #103 could not provide inspectors with the name of the seasoned Director of Nursing that came for the identified period in October 2017. The Director of Nursing #103 could not provide inspectors with any audits done during that time by the seasoned Director of Nursing nor could they explain any education or guidance that was provided to them by the seasoned Director of Nursing. Administrator #102 was also unable to provide the name of the seasoned Director of Nursing and any education or guidance that was provided to them by the seasoned Director of Nursing.

B) On an identified date, the Long-Term Care Compliance Consultant #152 informed inspector #137 and #155 that on five days in November 2017, full day education sessions on Ministry of Health and Long-Term Care (MOHLTC) legislation, regulated programs, Long-Term Care Act, responsibility of management team, effective

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communication, leadership, team work, and sustainability were provided to the Administrator #102 and the Director of Nursing #103. The Administrator #102 and the Director of Nursing #103 were given eight individualized work sheets that included a quiz and sign off record to complete.

On an identified date, the Long-Term Care Compliance Consultant #152 informed inspector #137 and #155 by email that the Administrator #102 and Director of Nursing #103 had to complete eight individualized work sheets that included a quiz and sign off record. Inspector #137 asked the Long-Term Care Compliance Consultant #152 to provide the worksheets and quizzes completed by Administrator #102 and Director of Nursing #103. The Long-Term Care Compliance Consultant #152 shared that the DON #103 had not completed the worksheets and quizzes.

On an identified date, inspector #137 asked DON #103 to provide the worksheets and quizzes that were to be completed. DON #103 did not provide any completed worksheets and quizzes. DON #103 resigned on an identified date.

A review of the Long-Term Care Compliance Consultant's #152 site visit reports for an identified period in 2017 was done.

On February 8, 2018, Inspector #155 spoke with Administrator #102 and asked that the home submit a plan by e-mail regarding Director of Nursing Coverage at the home. Inspector #155 received the plan by email from Administrator #102 stating that RN #134 will be covering most of the critical duties of the Director of Nursing while being supported by Long Term Care Compliance Consultant #152, corporate supports and by the Resident Care Coordinator #121 who was in the home five days per week. After receiving the email, on February 12, 2018, Inspector #155 phoned the home and spoke with Administrator #102 and asked them to explain how their plan met the Long Term Care Homes Act and Regulations. Administrator #102 said that they were unsure and would look into it. On February 13, 2018, Administrator #102 called Inspector #155 and told them that RN #134 was a registered nurse but did not have three years of experience working as a registered nurse in a managerial or supervisory capacity in a health care setting. On February 14, 2018, Inspector #155 received an email from Administrator #102 with their explanation of their plan. The email stated that RN #134 did not meet the requirement of having three years managerial experience in a supervisory role within a long term care facility "as recommended" in Long Term Care regulations. On February 23, 2018 an immediate order was issued that the licensee must be compliant with O.Reg. 79/10, s. 213. (4)

Order(s) of the Inspector

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section 154 of the Long-Term
Care Homes Act, 2007, S.O.
2007, c. 8

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l'article 154 de la Loi de 2007 sur les
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(a)(b)(c). On an identified date, Regional manager #143 informed Inspector #155 and #137 that Administrator #102 was no longer the Administrator of the home.

A new Director of Nursing/ Director of Care started on an identified date and a new Administrator/Executive Director was to start on a specific date.

C) During an interview with the Regional Manager #143, when asked by Inspector's #137 and #155 if audits were conducted of Critical Incident System reports, consistency of assessments, reviews of falls assessment and review of responsive behaviour program as per the plan submitted by Caressant Care on October 19, 2017, they shared that they were not done and that they just did not have time to do these reports.

On an identified date, Long-Term Care Compliance Consultant #152 provided Inspector's #137 and #155 a copy of the Quality Improvement Falls Checklist Audit that they had completed in February 2018.

The licensee failed to ensure that they implemented and followed their Plan of Corrective Action regarding Director Order #003 as submitted to the Director on October 19, 2017 as indicated by the following:

- failed to provide evidence that the seasoned Director of Nursing on-site conducted audits on programs and were unable to state specifically what education and guidance was provided to the Director of Nursing #103;
- failed to ensure that the DON #103 took part in and completed assignments in the coaching and mentoring plan as submitted to the Director on October 19, 2017;
- failed to ensure that the Regional Manager/Nurse Consultant #143 during weekly visits conducted a review of status of compliance to orders and reinforcement of the plan put in place by the external consultant and
- failed to ensure that the Regional Manager/Nurse Consultant #143 conducted audits of Critical Incident System (CIS) reports, consistency of assessments, review of falls assessment and review of responsive behaviour programs.

The severity of this issue was determined to be a level 2 as there was minimal harm or potential for actual harm to the residents. The scope of the issue was a level 3 as it had the potential to affect all residents in the home. Compliance history was a level 3 as there was one or more related non-compliance in the last 36 months. (155)



**Ministry of Health and
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Care Homes Act, 2007, S.O.
2007, c. 8

**Ministère de la Santé et des
Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la Loi de 2007 sur les
foyers de soins de longue durée, L.
O. 2007, chap. 8

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Aug 30, 2018(A1)



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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 to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director



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Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 2T5

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 15 day of August 2018 (A1)

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :**

Amended by FARAH_ KHAN - (A1)



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Service Area Office / Central West
Bureau régional de services :

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