

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

**Central West District**  
609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901

**Original Public Report**

<b>Report Issue Date:</b> September 8, 2023	
<b>Inspection Number:</b> 2023-1114-0005	
<b>Inspection Type:</b> Critical Incident	
<b>Licensee:</b> Caessant-Care Nursing and Retirement Homes Limited	
<b>Long Term Care Home and City:</b> Caessant Care Fergus Nursing Home, Fergus	
<b>Lead Inspector</b> Blake Webster (000689)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Farah Khan (695) was present during this inspection	

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): August 22, 24, 25, 2023

The following intake(s) were inspected:

- Intake: #00091577 - 2603-000021-23 - related to a significant change in status.

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

- Medication Management
- Infection Prevention and Control
- Falls Prevention and Management

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Administration of drugs

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

Non-compliance with: O. Reg. 246/22, s. 140 (1)

The licensee failed to ensure that no drug was administered to a resident in the home unless the drug had been prescribed for the resident.

#### Rational and Summary

A resident was receiving treatment for chronic disease management.

A Registered Practical Nurse (RPN) clarified that the treatment order was discontinued. However, the resident continued to receive the treatment without consistently monitoring or evaluating its efficiency.

As a result of the resident not having an order for the treatment, there was lack of proper monitoring and evaluation.

#### Sources

Policy and Procedure, a Critical Incident, resident's progress notes, care plans, Point of Care documentation, vitals summary, Interviews with RPN, DOC and other staff.  
[000689]

### WRITTEN NOTIFICATION: Falls prevention and management

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

Non-compliance with: O. Reg. 246/22, s. 54 (2)

The licensee failed to ensure that when a resident had fallen, that the resident was assessed and that a post-fall assessment was conducted using a clinically appropriate assessment instrument that was specifically designed for falls.

#### Rational and Summary

The resident had a fall that resulted in a change in status.

The Registered Nurse (RN) stated that the resident was found on the floor and that a post falls assessment was not completed at that time.

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The DOC stated that a post falls assessment should have been completed.

The resident was at increased risk as by not completing the post fall assessment there was no additional information on injuries sustained or information regarding the fall that could help with developing new falls prevention strategies.

**Sources**

Falls Policy and Procedure, a Critical Incident, resident's progress notes, care plans, interviews with RN, DOC and other staff.

[000689]

## **COMPLIANCE ORDER CO #001 Residents' drug regimes**

**NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.**

Non-compliance with: O. Reg. 246/22, s. 146 (a)

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

Specifically, the Licensee must:

- 1) Provide education to a staff member where they are reviewing the homes process and policy regarding discontinuing medication and treatments from the Medication Administration Record (MAR).
- 2) Review and revise the Oxygen Therapy Policy and Procedure to add clear direction as to the staff's responsibilities of monitoring oxygen saturation levels, including the frequency of checks, where it should be documented, and who is responsible for monitoring.
- 3) Ensure that the plan of care for resident #001 follows what is required in the home's Oxygen Therapy Policy. This includes ensuring the oxygen order is current and has the flow rate, duration and mode of administration. In addition, that the resident's plan of care provides clear direction on the monitoring and interventions required for their oxygen therapy.
- 4) Conduct weekly audits for two weeks on resident #001 to ensure that staff are monitoring oxygen levels as per the resident's plan of care. The audit should include the name of person(s) completing the audit, date it was completed, what was reviewed, concerns identified, and any follow up action taken. If any gaps are identified in the audit continue weekly audits until resolved.

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**Grounds**

The licensee failed to ensure that when a resident was taking any drug or combination of drugs, there was monitoring and documentation of the resident's response and effectiveness of the drug appropriate to the risk level of the drug.

**Rational and Summary**

The resident was receiving continuous treatment for chronic illness management.

The order for the specific continuous treatment was discontinued in error by a staff member. As a result of the treatment order being removed from the MAR, the resident's monitoring of the drug was not being routinely followed. The resident continued to receive the treatment but failed to have staff consistently documenting or monitoring the effectiveness of the therapy.

The RN stated that resident's on this continuous treatment should be monitored every shift. However, this was not being done consistently for the resident.

The resident was placed at high risk when staff failed to consistently monitor the resident every shift in relation to their treatment over a five-month period. There was no order for the resident's treatment. Appropriate monitoring of the resident may have identified concerns sooner and allowed for earlier intervention to prevent any medical complications.

**Sources**

A Critical Incident, resident's progress notes, care plans, POC documentation, vital signs summary, Policy and Procedure, medication and treatment administration records, order reviews, Interviews with DOC and other staff.

[000689]

**This order must be complied with by** October 11, 2023

**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

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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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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

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.

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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, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).