

FINAL INSPECTION REPORT
Under the *Retirement Homes Act, 2010*

Inspection Information	
Date of Inspection: March 27, 2023	Name of Inspector: Tania Buko
Inspection Type: Routine Inspection	
Licensee: Caessant Care Nursing and Retirement Homes Limited / 264 Norwich Avenue, Woodstock, ON N4S 3V9 (the "Licensee")	
Retirement Home: Caessant Care - Woodstock / 81 Fyfe Avenue, Woodstock, ON N4S 8Y2 (the "home")	
Licence Number: S0024	

Purpose of Inspection
The RHRA conducts routine inspections as set out in section 77(3) of the <i>Retirement Homes Act, 2010</i> (the "RHA").

NON-COMPLIANCE
<p>1. The Licensee failed to comply with O. Reg. 166/11, s. 59; Procedure for complaints to licensee.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>59. (1) Every licensee of a retirement home shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:</p> <p>3. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint, including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 4 shall be provided as soon as possible in the circumstances.</p>
<p>Inspection Finding</p> <p>As part of the routine inspection, the Inspector reviewed the Licensee's complaints log and complaint's policy. The Inspector found there was a lack of documented evidence to support the home fully complied with the Licensee's complaints policy in the handling of a recent complaint. Specifically, the complaint had not resolved within 10 business days and there was no evidence acknowledgement of receipt of the complaint was provided within 10 business days of receipt of the complaint, including the date by which the complainants can reasonably expect a resolution.</p>
<p>Outcome</p> <p>The Licensee submitted a plan to achieve compliance by April 27, 2023. RHRA to confirm compliance by following up with the Licensee or by inspection.</p>

2. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behaviour management.

Specifically, the Licensee failed to comply with the following subsection(s):

- 23. (1)** Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,
- (a) techniques to prevent and address resident behaviours that pose a risk to the resident or others in the home;
 - (b) strategies for interventions to prevent and address resident behaviours that pose a risk to the resident or others in the home;
 - (c) strategies for monitoring residents that have demonstrated behaviours that pose a risk to the resident or others in the home;
 - (d) protocols for how staff and volunteers shall report and be informed of resident behaviours that pose a risk to the resident or others in the home.
- 23. (2)** The licensee shall ensure that all staff who provide care services to residents are advised at the beginning of every shift of each resident whose behaviours require heightened monitoring because those behaviours pose a risk to the resident or others in the home.

Inspection Finding

The Inspector reviewed a sample of resident care files, interviewed staff and reviewed the Licensee's policies and found that a resident had exit seeking and elopement behaviours that posed a risk to themselves. The evidence showed the Licensee had failed to follow their behaviour management policy as there was insufficient evidence to support that strategies, interventions, and techniques to address and prevent the behaviours were developed and implemented for the resident including strategies for monitoring and that those were all documented in the resident's plan of care, as per the Licensee's behaviour management policy. Further, the Licensee failed to put in place heightened monitoring of the resident following a recent elopement from the home. Lastly, the Licensee's behaviour management policy was found to be non-compliant as there were no protocols for how volunteers shall report and be informed of resident behaviours that pose a risk to the resident or others in the home.

Outcome

The Licensee submitted a plan to achieve compliance by April 27, 2023. RHRA to confirm compliance by following up with the Licensee or by inspection.

3. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Persons who approve plans of care.

The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.

The Licensee failed to comply with O. Reg. 166/11, s. 47; Development of plan of care.

Specifically, the Licensee failed to comply with the following subsection(s):

62. (9) The licensee shall ensure that the following persons have approved the plan of care, including any revisions to it, and that a copy is provided to them:

1. The resident or the resident’s substitute decision-maker.
2. The prescribed person if there is a person prescribed for the purpose of this paragraph.

62. (12) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months.

47. (5) If an assessment of a resident indicates that the resident’s care needs may include dementia care, skin and wound care or the use of a personal assistance services device, the licensee shall ensure that an interdisciplinary care conference is held as part of the development of the resident’s plan of care and that the resident’s plan of care takes into account the results of the care conference.

Inspection Finding

The Inspector reviewed several residents’ care files and interviewed staff and found several areas of non-compliance. Firstly, none of the reviewed resident's plans of care were approved by the residents or their substitute decision-makers. Secondly, the majority of the of the reviewed plans of care were not approved by a nurse or physician, or by a person acting under the supervision of a nurse or physician. Thirdly, a resident was not re-assessed and their plan of care was not reviewed or revised every six months as required. Lastly, there was no evidence that an interdisciplinary care conference was held for a resident who has dementia care needs.

Outcome

The Licensee submitted a plan to achieve compliance by April 15, 2023. RHRA to confirm compliance by following up with the Licensee or by inspection.

- 4. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training.**
The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; On-going training.
The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Additional training for direct care staff.
The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.
The Licensee failed to comply with O. Reg. 166/11, s. 27; Infection prevention and control program.

Specifically, the Licensee failed to comply with the following subsection(s):

65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

- (a) the Residents’ Bill of Rights;
- (b) the licensee’s policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;
- (c) the protection afforded for whistle-blowing described in section 115;
- (d) the licensee’s policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;
- (f) fire prevention and safety;

- (g) the licensee’s emergency evacuation plan for the home mentioned in subsection 60 (3);
- (h) the emergency plan and the infection prevention and control program of the licensee for the home mentioned in subsection 60 (4);

65. (4) The licensee shall ensure that the persons who are required to receive the training described in subsection (2) receive on-going training as described in that subsection at the times required by the regulations.

65. (5) The licensee shall ensure that all staff who provide care services to residents receive training in the following matters and at the times required by the regulations, as a condition of continuing to have contact with residents, in addition to the other training that they are required to receive under this section:

- 3. Behaviour management.

14. (1) For the purposes of clause 65 (2) (j) of the Act, every licensee of a retirement home shall ensure that all staff who work in the home receive training in the procedure described in subsection 73 (1) of the Act for a person to complain to the licensee.

14. (2) For the purposes of subsection 65 (4) of the Act, the licensee shall ensure that the persons who are required to receive training under subsection 65 (2) of the Act receive the training at least annually.

27. (9) The licensee shall ensure that each staff member who works in the retirement home receives training on how to reduce the incidence of infectious disease transmission, including,

- (a) the need for and method of maintaining proper hand hygiene and method of preventing cross contamination, including proper handling of soiled linens, the protection of uniforms, and the separation of clean and dirty items;
- (b) the need for and process of reporting, providing surveillance of and documenting incidents of infectious illness.

Inspection Finding

The Inspector reviewed a sample of staff training records and found several areas of non-compliance. Firstly, none of new and existing staff reviewed had completed training on all areas of the Licensee’s infection prevention and control program upon hire or on an annual basis. Secondly, one new staff member had not completed training at all in any of the Licensee’s policies and required areas. Thirdly, none of the required staff completed annual training in the Licensee’s behaviour management policy. Fourthly, none of the existing staff reviewed completed annual training in the Licensee’s fire prevention and safety policy. Lastly, none of the existing staff reviewed completed annual training in relation to whistleblowing.

Outcome

The Licensee submitted a plan to achieve compliance by April 27, 2023. RHRA to confirm compliance by following up with the Licensee or by inspection.

5. The Licensee failed to comply with O. Reg. 166/11, s. 27; Infection prevention and control program.

Specifically, the Licensee failed to comply with the following subsection(s):

27. (5) The licensee of a retirement home shall ensure that,
(0.a) any guidance, advice or recommendations given to retirement homes by the Chief Medical Officer of Health are followed in the retirement home.

Inspection Finding

The Inspector found the Licensee failed to ensure the Chief Medical Officer of Health and the Ministry of Health's recommendations outlined in the updated COVID-19 Guidance were fully followed as a screened visitor in the home was observed wearing a cloth mask, and not a required medical/surgical mask.

Outcome

The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by following up with the Licensee or by inspection.

6. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general.

Specifically, the Licensee failed to comply with the following subsection(s):

24. (5) The licensee shall,
(a) on an annual basis at least, test the emergency plan, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency, related to,
(i) the loss of essential services,
(ii) situations involving a missing resident,
(iv) violent outbursts;
(b) at least once every two years, conduct a planned evacuation of the retirement home;
(c) keep a written record of the testing of the emergency plan and planned evacuations and of any changes made to improve the emergency plan.

Inspection Finding

The Inspector reviewed the Licensee's records of testing for their emergency plans and interviewed staff and found several areas of non-compliance. Firstly, testing for situations involving the loss of essential services had not been completed since 2021. Secondly, while the home tested situations responding to missing residents and violent outbursts, they were not completed every 12 months as required. Thirdly, a full evacuation of the home had not been completed every two years as required, as it was last conducted in 2020. Lastly, while the home tested situations responding to missing residents, violent outbursts and medical emergencies, there was a lack of sufficient documentation to show what the scenarios were and how the home responded to them.

Outcome

The Licensee submitted a plan to achieve compliance by April 30, 2023. RHRA to confirm compliance by following up with the Licensee or by inspection.

NOTICE

The Final Inspection Report is being provided to the Licensee, the Registrar of the Retirement Homes Regulatory Authority (the “RHRA”) and the home’s Residents’ Council, if any.

Section 55 of the RHA requires that the Final Inspection Report be posted in the home in a conspicuous and easily accessible location. In addition, the Licensee must ensure that copies of every Final Inspection Report from the previous two (2) years are made available in the Home, in an easily accessible location.

The Registrar’s copy of the Final Inspection Report, as it appears here, will be included on the RHRA Retirement Home Database available online at <http://www.rhra.ca/en/retirement-home-database>.

Signature of Inspector <i>Tania Buko</i>	Date April 18, 2023
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