

**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

## Public Report

**Report Issue Date:** December 20, 2024

**Inspection Number:** 2024-1158-0003

**Inspection Type:**

Critical Incident

**Licensee:** Caessant-Care Nursing and Retirement Homes Limited

**Long Term Care Home and City:** Cambridge Country Manor, Cambridge

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 17-20, 2024

The following intake(s) were inspected:

- Intake: #00128402 - Misuse of a resident's funds
- Intake: #00133169 - ARI/COVID-19 outbreak

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

Infection Prevention and Control  
Prevention of Abuse and Neglect

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Policy to promote zero tolerance

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

**Non-compliance with: FLTCA, 2021, s. 25 (2) (e)**

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Policy to promote zero tolerance

s. 25 (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,

(e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents.

The licensee has failed to ensure that at a minimum, the long-term care home's Zero Tolerance of Abuse and Neglect Policy contained procedures for investigating and responding to alleged, suspected or witnessed financial abuse of residents.

Sources: Review of Zero Tolerance of Abuse and Neglect Policy, interview with Executive Director.

**WRITTEN NOTIFICATION: Infection prevention and control program**

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

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

A) The licensee has failed to ensure that the infection prevention and control (IPAC) standard issued by the Director was followed by two staff members who provided nourishments to multiple residents.

The Infection Prevention and Control (IPAC) Standard for Long Term Care Homes revised September 2023 (IPAC Standard) section 10.2 (c) related to resident hand hygiene stated that the hand hygiene program for residents shall include assistance

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to residents to perform hand hygiene before meals and snacks.

Sources: Observations of snack service, interview with staff and IPAC lead.

B) In accordance with the IPAC Standard, revised September 2023, section 7.3, (b), the IPAC Lead shall ensure that audits are performed as required.

Specifically, the licensee has failed to ensure to implement a structured auditing process to track non-compliant staff and their training to confirm that all staff can perform the IPAC skills required of their role.

Sources: Review of the home's IPAC audits, IPAC observations and interview with IPAC Lead and other staff.