

**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:** February 2, 2026

**Inspection Number:** 2026-1158-0002

**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): January 22, 27, 28, 2026

The inspection occurred offsite on the following date(s): January 20, 21, 26, 29, 2026

The following intake(s) were inspected:

- 00167548 - Environmental hazard: Loss of heating for resident rooms due to generator failure.
- 00168197 - Environmental hazard: Loss of heating for resident rooms due to generator failure.

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

Housekeeping, Laundry and Maintenance Services  
Safe and Secure Home

## INSPECTION RESULTS

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## WRITTEN NOTIFICATION: Accommodation services

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

**Non-compliance with: O. Reg. 246/22, s. 24 (3)**

Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee did not measure and document the air temperature in at least two resident bedrooms in different parts of the home or one resident common area (lounge, dining area or corridor) for 11 days on the afternoon shift and 2 days on the morning shift in January 2026.

**Sources:** Reviewed air temperature logs for the month of January 2026, and staff and Administrator interviews.

## WRITTEN NOTIFICATION: Accommodation services

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

**Non-compliance with: O. Reg. 246/22, s. 96 (1) (b)**

Maintenance services

s. 96 (1) As part of the organized program of maintenance services under clause 19 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,  
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that

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procedures that are in place for routine, preventive and remedial maintenance are complied with.

In February 2025, an annual service that was conducted on generator #1 by a generator company could not be fully completed due to a missing component and noted on the report provided to the licensee. No action was taken by the licensee to resolve the issue in 2025. The annual service carried out in January 2026, was not fully completed due to the same missing component. The component failed when it was needed and the transfer of power had to be manually manipulated by an electrician in order to use the generator.

Throughout 2025, and up to mid January 2026, the level of fuel and other indicators for both generators was not documented. In mid January 2026, generator #2 ran out of fuel when needed during a power outage. The level of fuel for generator #2 was noted to be half full on an annual inspection report provided to the licensee five days prior to the power outage.

**Sources:** Record reviews of generator service provider reports, maintenance policies and procedures and interview with the Executive Director, electrician and generator service provider staff.

## **WRITTEN NOTIFICATION: Accommodation services**

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

**Non-compliance with: O. Reg. 246/22, s. 96 (2) (k)**

Maintenance services

s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(k) if the home is not using a computerized system to monitor the water

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temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water.

The licensee did not ensure that procedures were implemented to ensure that hot water temperatures were monitored once per shift in random locations where residents had access to hot water. Hot water was not monitored for 4 days on the night shift, 30 days on the afternoon shift and 8 days on the morning shift in January 2026.

**Sources:** Interview with Executive Director, maintenance and registered staff and review of hot water policies and procedures and water temperature logs.

## **WRITTEN NOTIFICATION: Emergency plans**

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

**Non-compliance with: O. Reg. 246/22, s. 268 (4) 6.**

Emergency plans

s. 268 (4) The licensee shall ensure that the emergency plans provide for the following:

6. A plan for food and fluid provision in an emergency.

The licensee did not ensure that their emergency plans included the provision of a food and fluids plan.

A loss of electrical service to the home occurred in mid January 2026, whereby the back-up generator was not functional for a total of 6.5 hours disrupting the breakfast and lunchtime meals. A Food Nutrition Manager was not on staff at the time of the

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emergency and the cook and Executive Director developed a menu based on the foods and services that were available (gas stove top) on the same day. The dietary staff reported that it was unorganized when they arrived to find that there was no power in the kitchen and that their pre-planned menus could not be made or served. A 3-day emergency food menu was not developed.

**Sources:** Review of the loss of essential services emergency plans (2024), Emergency Food Services policy and procedure (2023), and interviews with dietary staff, and Executive Director.

## **WRITTEN NOTIFICATION: Emergency plans**

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

**Non-compliance with: O. Reg. 246/22, s. 268 (10) (a)**

Emergency plans

s. 268 (10) The licensee shall,

(a) on an annual basis test the emergency plans related to the loss of essential services, fires, situations involving a missing resident, medical emergencies, violent outbursts, gas leaks, natural disasters, extreme weather events, boil water advisories, outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics, pandemics and floods, including the arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies,

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health service providers as defined in the Connecting Care Act, 2019, partner facilities and resources that will be involved in responding to the emergency;

The licensee did not test the emergency plans related to the loss of essential services annually, specifically in 2025 and did not make arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to any community agencies, health service providers as defined in the *Connecting Care Act, 2019*, partner facilities or resources that would be involved in responding to the emergency. A drill or exercise was not performed to test the plan to determine if staff could adequately respond to in an emergency related to a loss of electrical services.

**Sources:** Review of Code Grey emergency plan, and the Emergency Drills Analysis form, interview with the Executive Director and VP of Operations.

## **COMPLIANCE ORDER CO #001 Generators**

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

Generators

s. 22 (1) Subject to subsections (2) and (3), every licensee of a long-term care home shall ensure that the home is served by a generator that is available at all times and that has the capacity to maintain, in the event of a power outage,

(a) the heating system;

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

1. The home shall be served by one or more generators that has the capacity to maintain the home's heating system(s) and that are available at all times in the event of a power outage.
2. Develop and implement a process to ensure that the heat is sustained for the entire home during any future outages until alternative arrangements can be made to replace or supplement the existing generators on the property.
3. Provide a copy (via email to the Inspector) of a service report that identifies that the automatic transfer switch has been repaired for generator #1 (35 kW) and documentation that a full load test was completed on the generator by a licensed electrician.
4. Develop and implement a process to ensure that both generators will be monitored for adequate fuel levels for the duration of the time they are in use.

**Grounds**

The licensee did not ensure that the home was served by a generator that had the capacity to maintain the heating system during a power outage.

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The main power supply from the utility to the home was faulty and had to be disconnected and transferred to 2 separate generators owned by the licensee in mid January 2026. Neither of the 2 generators were equipped with the electrical capacity to include the electric baseboard heaters located in resident bedrooms, and bathing rooms. A rental generator with full capacity to operate all essential services was acquired and connected the following day. The rented generator experienced mechanical issues 5 and 7 days later, and had to be replaced and the power reverted back to the home-owned generators. The automatic transfer switch for generator #1 failed on or about the 10th day, and some delay was experienced before the power could be transferred between the rented generator and generator #1. Heating was interrupted for a total of 36 hours for the 19 days before returned to the main utility source.

On day 7, while the rental generator was being replaced, the home-owned generator responsible for services to the kitchen ran out of fuel. Therefore, the walk-in cooler, oven, steam table, emergency lighting and electrical outlets for food preparation equipment in the kitchen were not available for 6.5 hours.

**Sources:**

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Interview with the Administrator, external contractors, direct and indirect care staff and residents.

**This order must be complied with by**

August 1, 2026

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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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3

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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.

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:

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**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).