

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Ottawa District

347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Public Report

Report Issue Date: September 18, 2025
Inspection Number: 2025-1040-0003
Inspection Type: Proactive Compliance Inspection
Licensee: Caessant-Care Nursing and Retirement Homes Limited
Long Term Care Home and City: Caessant Care Bourget, Bourget

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 9-12, 15-18, 2025

The following intake(s) were inspected:

- Intake: #00157142 - Proactive Compliance Inspection (PCI)

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Medication Management
- Residents' and Family Councils
- Safe and Secure Home
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Quality Improvement
- Staffing, Training and Care Standards

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Residents' Rights and Choices
Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Required information

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

Non-compliance with: FLTCA, 2021, s. 85 (3) (d)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(d) an explanation of the duty under section 28 to make mandatory reports;

The licensee has failed to ensure that the most recent version of the explanation of the duty to make mandatory reports under section 28 of FLTCA, 2021 was posted in the home. The version posted in the home was published in 2012 and referenced the Long-Term Care Homes Act, 2007, which was revoked as of April 11, 2022.

Sources: Observation of the home's mandatory postings during the inspection, interview with a staff member.

WRITTEN NOTIFICATION: Required information

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

Non-compliance with: FLTCA, 2021, s. 85 (3) (e)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(e) the long-term care home's procedure for initiating complaints to the licensee;

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The licensee has failed to ensure that the home's procedure for initiating complaints to the licensee was posted in the home. The information posted in the home was information provided by the Director that was published in 2012 and referenced the Long-Term Care Homes Act, 2007, which was revoked as of April 11, 2022.

Sources: Observation of the home's mandatory postings during the inspection, interview with a staff member.

WRITTEN NOTIFICATION: Required information

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

Non-compliance with: FLTCA, 2021, s. 85 (3) (f)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(f) the written procedure, provided by the Director, for making complaints to the Director, together with the contact information of the Director, or the contact information of a person designated by the Director to receive complaints;

The licensee has failed to ensure that the most recent version of the written procedure and contact information for making complaints to the Director was posted in the home. The version posted in the home was published in 2012 and referenced the Long-Term Care Homes Act, 2007, which was revoked as of April 11, 2022.

Sources: Observation of the home's mandatory postings during the inspection, interview with a staff member.

WRITTEN NOTIFICATION: Infection prevention and control

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program

NC #004 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).

The licensee shall implement any standard or protocol issued by the Director with respect to infection prevention and control. In accordance with additional precaution under 9.1 (b) the licensee shall ensure that at minimum Routine Practices include: b) Hand hygiene, including, but not limited to, at the four moments of hand hygiene.

During a snack service, staff members were observed engaging in direct contact with residents, encouraging fluid intake and handling used drinking glasses, without performing hand hygiene before proceeding to assist the next resident.

Sources: Inspector's observation. Interviews with staff members.

WRITTEN NOTIFICATION: Medication management system

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

Non-compliance with: O. Reg. 246/22, s. 125 (1)

Annual evaluation

s. 125 (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care, the pharmacy service provider and a registered dietitian who is a member of the staff of the home, meets annually to

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evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system.

The licensee has failed to ensure that the medication management system policies were reviewed and updated as part of the annual evaluation of the system's effectiveness.

A review of the medication management system and interview with a staff member showed that the following policies were not updated in the last 12 months:

- Destruction and disposal of surplus drugs policy #3-009 revision date February 22, 2024,
- Administering medication policy #3-012 revision date March 21, 2024
- Medication storage policy #4-002 revision date July 14, 2022
- Adverse or Allergic Drug reaction policy #4-006 revision date July 14, 2022
- Medication Incident/Near Incident Program policy #6-001 revision date November 8, 2021

Sources: Review of the medication management system. Interview with a staff member.

WRITTEN NOTIFICATION: Safe storage of drugs

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (i)

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,

- (a) drugs are stored in an area or a medication cart,
- (i) that is used exclusively for drugs and drug-related supplies,

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The licensee has failed to ensure that the medication cart was used exclusively for drugs and drug-related supplies.

Specifically, residents' personal belongings and non-medication items were stored in the narcotic box, and in the medication cart were found during inspection, which contravenes safe storage protocols.

Sources: Inspector's observation. Interview with a staff member.

WRITTEN NOTIFICATION: Security of drug supply

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 139 1.

Security of drug supply

s. 139. Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.

The licensee has failed to ensure that the security of the drug supply was maintained. Specifically, on a day in September 2025, the Inspector observed that access keys to the medication room, narcotic storage, and medication cart were left unsupervised and accessible in an identified resident's care area. No staff was observed in the area and ambulatory residents were noted to be seated nearby, posing a risk to the safety of the drug supply.

Sources: Inspector observation, interview with a staff member.