

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 11, 2025

**Inspection Number:** 2025-1312-0004

**Inspection Type:**  
Proactive Compliance Inspection

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

**Long Term Care Home and City:** Caressant Care Cobden, Cobden

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 2, 3, 4, 5, 8, 9, 10, 11, 2025

The following intake(s) were inspected:

- Intake: #00156574 -Proactive Compliance Inspection

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

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

## INSPECTION RESULTS

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## WRITTEN NOTIFICATION: Plan of Care

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

### Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that a resident's fluid intake not exceed a specified number of milliliters which is also dependent on the number of milliliters voided as per their written plan of care. Specifically, no action was taken when a resident's fluid intake exceeded a specified number of milliliters and had little to no output on numerous dates in August 2025.

Sources: Resident's clinical records, interview with a Personal Support Worker, a Registered Practical Nurse, the Registered Dietitian and the Food Nutritional Manager.

## WRITTEN NOTIFICATION: Family Meetings

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

### Non-compliance with: FLTCA, 2021, s. 65 (7) (b)

Family Council

s. 65 (7) If there is no Family Council, the licensee shall,  
(b) convene semi-annual meetings to advise such persons of the right to establish a Family Council.

The licensee has failed to ensure that when there is no family council established in the home, they convene semi annual meetings to advise such persons of the right to establish a Family Council. Specifically, the home convened only one meeting in the year 2024.

Sources: Homes family council meeting posters and minutes, interview with the Activity Director.

## WRITTEN NOTIFICATION: Doors in a home

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

**Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. i.**

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
  - i. kept closed and locked,

The licensee has failed to ensure all doors that residents do not have access to are kept closed and locked. Specifically, the licensee failed to ensure the utility room door on a resident unit was closed and locked on a specific date. When interviewed, a Registered Practical Nurse confirmed that the door was required to be closed and locked.

Source: Observations, interview with a Registered Practical Nurse.

## **WRITTEN NOTIFICATION: Windows**

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

**Non-compliance with: O. Reg. 246/22, s. 19**

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

The licensee has failed to ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimeters.

Specifically, the window opening allowance mechanism on all of the windows in the home could be easily circumvented to open the window more than 15 centimeters. Once alerted to the non compliance and risk to the residents, the licensee made adjustments to the window frames to ensure the windows could only be opened a maximum of 15 centimeters.

Sources: Observations, interviews with the Director of Care and the Environmental Services Manager.

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## WRITTEN NOTIFICATION: Communication and response system

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

### Non-compliance with: O. Reg. 246/22, s. 20 (b)

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,  
(b) is on at all times;

The licensee has failed to ensure that the home is equipped with a resident-staff communication and response system that is on at all times in a resident's room. The resident's bedside call bell was not functioning on a specific date for two hours.

Sources: Observations and interview with the Director of Care.

## WRITTEN NOTIFICATION: Air temperature

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

### Non-compliance with: O. Reg. 246/22, s. 24 (1)

Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The licensee has failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius at specific times on multiple dates in August 2025.

Sources: Air temperature logs and interview with the Environmental Services Manager.

## WRITTEN NOTIFICATION: Air temperatures

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

### Non-compliance with: O. Reg. 246/22, s. 24 (2) 1.

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

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1. At least two resident bedrooms in different parts of the home.

The licensee has failed to ensure that the temperature was measured and documented in writing, in at least two resident bedrooms in different parts of the home on multiple dates in August 2025.

Sources: Air temperature logs and interview with the Environmental Services Manager.

### **WRITTEN NOTIFICATION: Air temperature**

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 24 (2) 2.**

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.

The licensee has failed to ensure that the temperature was measured and documented in writing, in one resident common area on every floor of the home on multiple dates in August 2025.

Sources: Air temperature logs and interview with the Environmental Services Manager.

### **WRITTEN NOTIFICATION: Air temperature**

NC #009 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 has failed to ensure the temperature required to be measured under subsection (2) was documented once every evening or night throughout the month of August 2025.



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Source: Air temperature logs and interview with the Environmental Services Manager.



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