

**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:** January 30, 2025

**Inspection Number:** 2025-1114-0001

**Inspection Type:**

Critical Incident

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

**Long Term Care Home and City:** Caressant Care Fergus Nursing Home, Fergus

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 24, 27-30, 2025

The following intake(s) were inspected:

- Intake: #00133934 - CI: 2603-000047-24 - Resident to resident physical abuse

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

Infection Prevention and Control  
Prevention of Abuse and Neglect  
Responsive Behaviours

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Duty to protect

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

**Non-compliance with: FLTCA, 2021, s. 24 (1)**

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee has failed to ensure that a resident was protected from physical abuse from another resident, when they had a physical altercation resulting in altered skin integrity.

Section 2(1) of the Ontario Regulation 246/22 defines physical abuse as the use of physical force by a resident that causes physical injury to another resident.

**Sources:** Resident's clinical notes, interviews with staff

### 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).

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The licensee has failed to ensure that The Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, last revised September 2023, section 7.3 (b) was implemented when they failed to ensure that personal protective equipment (PPE) included the names of staff and the time the audits were completed, and that the hand hygiene (HH) audits included the names of staff being audited. By not documenting the names of staff, and the times the audits were completed, the home would be unable to track if all staff, from different departments and shifts, were able to perform the IPAC skills required for their roles.

**Sources:** Interview with staff, HH and PPE audits