

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: March 14, 2025

Inspection Number: 2025-1114-0002

Inspection Type:

Complaint
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): February 25-28, 2025, and March 3-7, 11-13, 2025

The following intake(s) were inspected:

- Intake: #00137994 - complaint related to prevention of abuse and improper care.
- Intake: #00138484 - complaint related to oral care.
- Intake: #00139365 - related to falls prevention and management.
- Intake: #00139779 - complaint related to falls prevention and management and prevention of abuse.
- Intake: #00141627 - related to prevention of abuse.

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

Contenance Care
Resident Care and Support Services
Skin and Wound Prevention and Management
Housekeeping, Laundry and Maintenance Services

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Infection Prevention and Control
Prevention of Abuse and Neglect
Falls Prevention and Management

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.

Section 2(1) of the Ontario Regulation 246/22 defines "Verbal abuse" as, "any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident."

a) The Licensee has failed to ensure that a resident was protected from verbal abuse from a staff member and as a result, the resident's emotional wellbeing was put at risk.

Sources: CIS, written communication log, and interview with the resident and the ED.

b) The Licensee has failed to ensure that a resident was protected from verbal abuse from a staff member when they spoke to them roughly and slam the food on

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the table.

Sources: CIS, and interview with the resident and the ED.

c) The licensee has failed to ensure that a resident was protected from abuse from a staff member when the meal was slapped on the table.

Sources: CIS, and interview with the ED.

WRITTEN NOTIFICATION: Licensee must investigate, respond and act

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

Non-compliance with: FLTCA, 2021, s. 27 (1) (a)

Licensee must investigate, respond and act

s. 27 (1) Every licensee of a long-term care home shall ensure that,

(a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:

- (i) abuse of a resident by anyone,
- (ii) neglect of a resident by the licensee or staff, or
- (iii) anything else provided for in the regulations;

The licensee has failed to ensure that an allegation of abuse made against a staff member was immediately investigated.

Sources: written communication log, interview with SDM, a resident and the DOC.

WRITTEN NOTIFICATION: Reporting certain matters to Director

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

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Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that an allegation of abuse made against a staff member was reported immediately to the Director.

Sources: written communication log, interview with SDM, a resident, and the DOC.

WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

The licensee has failed to ensure that a resident exhibiting altered skin integrity received immediate treatment and interventions to reduce or relieve discomfort and promote healing.

Sources: February 2025-Medication Administration Record, review of skin assessment, progress notes, observations, Interview with a resident, Skin and

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Wound Lead and the DOC.

WRITTEN NOTIFICATION: Maintenance services

NC #005 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.

The Licensee has failed to ensure that there were procedures in place for routine, and preventive maintenance when a resident was found on the floor beside an electrical equipment that was found to be unsafe and faulty.

Sources: Policy and procedure- Preventative maintenance # LTC-ENVIR-S1-140.0
Effective date: January 29, 2024, Reviewed date: January 29, 2024, Review of the maintenance log for January and February 2025. Interview with PSW staff and the ESM.

WRITTEN NOTIFICATION: Maintenance services

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

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

Maintenance services

s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer

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specifications, at a minimum;

The licensee failed to implement procedures when staff members were aware that the electrical equipment were not working but did not add it to the maintenance requisition form in the electronic software program (Maintenance Care) to be fixed as per the homes policy. The Policy guided the staff to report the problem using the maintenance requisition form in the electronic software program (Maintenance Care) when they discover a broken, damaged, inoperable or unsafe piece of equipment.

Sources: Policy and procedure- maintenance Safety P and P #S1-360.0 Effective date: January 29, 2024, Reviewed date: January 29, 2024, Review of the maintenance log for January and February 2025. Multidisciplinary morning meeting minutes. Interview with PSW, the ESM and the DOC.

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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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