Ontario

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

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

Central West District
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Public Report

Report Issue Date: May 9, 2025

Inspection Number: 2025-1114-0003

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): April 29-30 and May 1 & 5-9, 2025

The following intake(s) were inspected:

- Intake: #00143131 and Intake: #00144282 were related to outbreaks in the home.
- Intake: #00143797 was related to resident to resident physical abuse.
- Intake: #00143896 and Intake: #00144313 were related to neglect of residents by staff.
- Intake: #00145789 was related to a complaint about resident care concerns.

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

Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Infection Prevention and Control
Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 2.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
2. The outcomes of the care set out in the plan of care.

The licensee failed to ensure that staff documented the outcomes of the care set out in the plan of care.

When a resident refused care, personal support workers did not accurately document the refusals in Point of Care (POC) Tasks.

Sources: Resident POC Task Documentation and Progress Notes, interviews with a resident and staff.

WRITTEN NOTIFICATION: Personal care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 36
Personal care

s. 36. Every licensee of a long-term care home shall ensure that each resident of the home receives individualized personal care, including hygiene care and grooming, on a daily basis.

The licensee has failed to ensure that a resident received individualized personal care on a specified date in March 2025.

Sources: Critical Incident Report, resident care plan and clinical records, interview with a resident.

WRITTEN NOTIFICATION: Continence care and bowel management

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 56 (2) (b)
Continence care and bowel management
s. 56 (2) Every licensee of a long-term care home shall ensure that,
(b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

The licensee failed to ensure that a resident who was incontinent had an individualized plan to promote and manage bladder continence based on the assessment and that the plan was implemented.

A resident's assessment showed that they were a good candidate for a specified intervention, however, this intervention was not implemented, and a different

direction was given.

Sources: observations, resident's skin and wound and continence assessments, care plan, interviews with resident and staff.

WRITTEN NOTIFICATION: Continence care and bowel management

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 56 (2) (g)
Continence care and bowel management
s. 56 (2) Every licensee of a long-term care home shall ensure that,
(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

The licensee failed to ensure two residents were provided sufficient changes to remain clean dry and comfortable on a specified date in April, 2025.

Sources: Resident's clinical records, interviews with staff, Critical Incident Report and the home's internal investigation notes.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #005 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 has failed to ensure that any standard issued by the Director with respect to IPAC was implemented. In accordance with the IPAC Standard, revised September 2023, section 4.3, the licensee shall ensure that following the resolution of an outbreak, the outbreak management team (OMT) and the interdisciplinary IPAC team conduct a debrief session to assess IPAC practices that were effective and ineffective in the management of the outbreak.

The IPAC Lead said they did not conduct a debrief session at the conclusion of the norovirus outbreak that was declared over on March 29, 2025 or at the conclusion of the parainfluenza outbreak that was declared over on April 20, 2025.

Sources: Critical Incident Reports, IPAC Standard (September, 2023), Interview with IPAC Lead.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)
Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,
(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

The licensee failed to ensure that when symptoms were recorded during an outbreak, that immediate action was taken to reduce transmission and isolate a resident.

Sources: Resident progress notes, outbreak line list, interview with staff member.

WRITTEN NOTIFICATION: CMOH and MOH

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 272
CMOH and MOH
s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The licensee has failed to ensure that recommendations issued by the Chief Medical Officer of Health were followed when the home did not complete weekly infection prevention and control (IPAC) audits during the confirmed outbreaks from March 22-29 and April 4-20, 2025.

In accordance with the Recommendations for Outbreak Prevention and Control in

Institutions and Congregate Living Settings (February 2025), Section 4, the IPAC Lead should conduct weekly IPAC audits for the duration of the outbreak and review findings with the outbreak management team.

Sources: Critical Incident Reports, Interview with the IPAC Lead.