

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: February 27, 2026
Inspection Number: 2026-1108-0001
Inspection Type: Complaint Critical Incident
Licensee: Caessant-Care Nursing and Retirement Homes Limited
Long Term Care Home and City: Caessant Care Harriston, Harriston

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 19, 20, 23- 27, 2026

The following intake(s) were inspected:

- Intake: #00165774 and Intake: #00170259- related to Infection Prevention and Control
- Intake: #00169661- related to the Prevention of Abuse and Neglect
- Intake: #00169666- related to Falls Prevention and Management
- Intake: #00169708 and Intake: #00170401- Complaints related to multiple care concerns for one resident

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

- Resident Care and Support Services
- Infection Prevention and Control
- Prevention of Abuse and Neglect

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Responsive Behaviours
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

A resident's continence assessment indicated that they were assessed as incontinent of bladder, however their care plan indicated the resident was continent. A staff indicated the resident is incontinent and requires the use of an incontinence product and that the care plan should be updated to reflect their current continence care needs.

The care plan was revised to have the continence status, and product use changed.

Sources: A resident's clinical records, observation of a resident, and a staff interview.

Date Remedy Implemented: February 26, 2026

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WRITTEN NOTIFICATION: Plan of care

NC #002 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.

A resident did not have a specific support intervention in place resulting in an unwitnessed fall.

Sources: Post fall investigation assessment, plan of care, and staff interviews.

WRITTEN NOTIFICATION: Duty to protect

NC #003 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 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."

A resident pushed another resident causing a fall with injuries.

Sources: Residents' clinical records, and staff interviews.

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**WRITTEN NOTIFICATION: Infection prevention and control
program**

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

Non-compliance with: O. Reg. 246/22, s. 102 (15) 2.

Infection prevention and control program

s. 102 (15) Subject to subsection (16), every licensee of a long-term care home shall ensure that the infection prevention and control lead designated under this section works regularly in that position on site at the home for the following amount of time per week:

2. In a home with a licensed bed capacity of more than 69 beds but less than 200 beds, at least 26.25 hours per week.

The home was required to have a designated IPAC Lead onsite for a specific number of hours per week, however, there was no IPAC Lead in place at the time of inspection. The home's IPAC coverage plan identified five staff members who were assigned additional IPAC-related responsibilities. Staff confirmed that no additional hours were allocated to accommodate these responsibilities.

Sources: 'IPAC Coverage Plan' document, and staff interviews.