

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

Central East District  
33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

## Public Report

**Report Issue Date:** March 27, 2026

**Inspection Number:** 2026-1200-0003

**Inspection Type:**  
Proactive Compliance Inspection

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

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

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 18 - 20, 23 -27, 2026

The following intake(s) were inspected:

Intake: Proactive Compliance Inspection

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

Contenance Care  
Food, Nutrition and Hydration  
Housekeeping, Laundry and Maintenance Services

## 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 (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

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Clear directions to staff and others who provide direct care to a resident were not evident regarding the provision of care specific to a medical device and the personal daily cleaning required with the use of this device.

**Sources:** resident's clinical record, home's policy # LTC-NURSS15 - 22.0 - Management of Urinary Catheter, interview with PSW

## WRITTEN NOTIFICATION: Continence care and bowel management

NC #002 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 home's Management of Urinary Catheter policy specified how urine collection bags are to be cleaned. A PSW was unaware of the cleaning required and did not clean the bags as specified in the policy.

In accordance with O.Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the Management of Urinary Catheter policy are complied with.

Specifically the home's Management of Urinary Catheter policy indicated that the urine collection bags are to be cleaned when changed, which did not occur.

**Sources:** resident's clinical record, home's policy # LTC-NURSS15 - 22.0 - Management of Urinary Catheter, interview with PSW

## COMPLIANCE ORDER CO #001 Accommodation services

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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**Non-compliance with: FLTCA, 2021, s. 19 (2) (c)**

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,  
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

1. The Executive Director or designate shall conduct an audit of all areas where food is stored, prepared and served to identify areas that require repairs including furnishings and equipment in those areas. The audit shall be conducted within one week of the receipt of this order. The audit shall be documented.
2. For any identified areas or equipment that require repair, the Executive Director or designate shall implement interim measures to ensure food safety, infection control risks, and safety risks are minimized until permanent repairs are completed.
3. Provide education to the FNM and to all dietary staff on identifying and reporting environmental repair issues in the serveries and in the kitchen areas.
4. Ensure the Weekly Walk-Through Checklist and cleaning schedules are updated, completed accurately, and consistently identify environmental disrepair.

**Grounds**

A resident home area's servery, including its furnishings and equipment, were not maintained in a safe condition or in a good state of repair. Specifically, the following issues were identified:

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-The steam table was positioned against a wall with a backsplash that had multiple cracks, chipped, and peeling areas, creating rough and uneven surfaces.

-The dishwashing sink had a black-coloured seal at the joint with the wall, and the wall surface was not clean. The faucet was rusted, discoloured with dirt, and had greenish substance buildup.

-The dishwasher had white substance buildup at its exterior corners, with dirt and food debris accumulating on top.

-The servery walls were stained, had multiple screw holes, and areas of chipped paint. The electrical panel on the wall near the dishwashing sink had an acrylic protective cover that was cracked and had a hole.

Documentation of the Weekly Walk-Through Checklists completed by the Food and Nutrition Manager (FNM), and the servery cleaning schedules completed by the Dietary Aides (DA) for March 2026, did not identify any areas of disrepair.

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The FNM and the Executive Director (ED) reported that they were not aware of the above deficiencies and stated that repairs would begin immediately.

The conditions in the servery posed increased risks for contamination and infection transmission, especially given the proximity of damaged and uncleanable surfaces to areas where food is prepared and served to 32 residents in the specific dining room.

**Sources:**

Inspector's Observation, Weekly Walk Through Checklist, Cleaning Schedules, and interviews with DA, the FNM and the ED.

**This order must be complied with by**

June 30, 2026

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001

## **NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

The Licensee has failed to comply with FLTCA, 2021

### **Notice of Administrative Monetary Penalty AMP #001**

### **Related to Compliance Order CO #001**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

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In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

### Compliance History:

Compliance order was issued under FLTCA, 2021 s. 19 (2) (c) on December 21, 2023.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

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Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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## REVIEW/APPEAL INFORMATION

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



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