

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

Ottawa District  
347 Preston Street, Suite 410  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559

## Public Report

**Report Issue Date:** August 27, 2025

**Inspection Number:** 2025-1214-0005

**Inspection Type:**  
Proactive Compliance Inspection

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

**Long Term Care Home and City:** Caessant Care Marmora, Marmora

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 18-22, 25-27, 2025

The following intake(s) were inspected:

- Intake: #00155445 - Proactive Compliance Inspection (PCI)

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Medication Management
- Residents' and Family Councils
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Quality Improvement
- Staffing, Training and Care Standards
- Pain Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of care

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

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**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.

The licensee has failed to ensure that that an adaptive aid was provided to a resident during lunch meal service on August 22, 2025, as specified in their written plan of care.

**Sources:** Inspector's observation on August 22, 2025; Resident's care plan; Dietary Roster; Interview with resident and staff

**WRITTEN NOTIFICATION: Windows**

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

**Non-compliance with: O. Reg. 246/22, s. 19**

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

The licensee has failed to ensure that the window in a resident room, which opens to the outdoors and is accessible to residents, cannot be opened more than 15 centimeters. Specifically, on August 18, 2025 inspector was able to open the window 67 centimeters wide.

**Sources:** inspector observations on August 18, 2025 and interview with DOC

**WRITTEN NOTIFICATION: Visitor Policy**

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

**Non-compliance with: O. Reg. 246/22, s. 267 (1)**

Visitor policy

s. 267 (1) Every licensee of a long-term care home shall establish and implement a written visitor policy which at a minimum,

(a) includes the process for visitor access during non-outbreak situations and during an outbreak of a communicable disease, an outbreak of a disease of public health significance, an epidemic, a pandemic or another emergency;

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(b) includes the process for documenting and keeping a written record of,  
(i) the designation of a caregiver; and  
(ii) the approval from a parent or legal guardian to permit persons under 16 years of age to be designated as a caregiver, if applicable;  
(c) complies with all applicable laws including any 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; and  
(d) ensures that essential visitors continue to have access to the long-term care home during an outbreak of a communicable disease, an outbreak of a disease of public health significance, an epidemic a pandemic or another emergency, subject to any applicable laws.

The licensee has failed to establish and implement a written visitor policy which at a minimum included all requirements set out within O.Reg 246/22 s. 267.

**Sources:** Inspector observations on August 18, 2025; Responsibilities - Visitors - P and P Policy ID: LTC-HS-S2-70.0 (2021); Interviews with DOC

## WRITTEN NOTIFICATION: CMOH and MOH

NC #004 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 or a medical officer of health appointed under the Health Protection and Promotion Act were followed in the home.

In accordance with the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings (February 2025), Section 3.1, Alcohol-based hand rubs (ABHR) must not be expired. During inspectors observations on August 18, 2025, nine ABHRs located within the home, were noted to be expired.

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Sources: Inspector observations on August 18, 2025

## COMPLIANCE ORDER CO #001 Air temperature

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 24 (1)**

Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

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

Specifically, the licensee shall:

1. Develop and implement a process for ensuring that when the temperature is noted to be below 22 degrees Celsius, that it is reported to the appropriate person immediately, and corrective actions are taken to ensure the temperature returns to the required range.
2. Develop a process that clearly identifies the procedure for monitoring air temperatures within the home. This process shall include:
  - (a) how the temperature is taken
  - (b) who is responsible for taking the temperature
  - (c) areas of the home and frequency the temperature is to be taken.
3. Conduct in person education with all staff involved with the air temperature processes in (1) and (2). Keep a documented record of who provided the education, the date the education was provided, the name of the staff in attendance, and the contents of the education.
4. Maintain a written record of the requirements under (1) and (2) and (3).

### Grounds

The licensee has failed to ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

Specifically, from May 15, 2025 through until August 24, 2025 there were 64 temperatures recorded that were between 19-21.9 degrees Celsius. Inspector observed

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the temperature in the East Wing hallway to be 20.0 degrees Celsius, and 20.7 degrees Celsius in room 226 on August 26, 2025. On August 27, 2025 inspector observed the temperature in the East Wing hallway to be 21.0 degrees Celsius. Three residents indicated they were cold, and had their blankets drawn up to their necks. There was confirmed impact to residents, when staff indicated residents have stated they were too cold to attend the dining room.

**Sources:** Inspector Observations on August 26 and August 27, 2025; Review of Air Temperature Logs; Interviews with staff and residents

**This order must be complied with by** November 24, 2025

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

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