

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: January 22, 2026

Inspection Number: 2026-1214-0001

Inspection Type:

Complaint
Critical Incident

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): January 12-14, 16, 20-22, 2026

The inspection occurred offsite on the following date(s): January 15, 19, 2026

The following intake(s) were inspected:

- Intake: #00165891, Intake: #00165885, Intake: #00166795 - Complaints related to transfers, dining and snack service, pain management and resident care
- Intake: #00165899 - CI #2718-000025-25 - Injury of resident resulting in hospital transfer
- Intake: #00165944 - CI #2718-000026-25 - Respiratory outbreak
- Intake: #00167090 - CI #2718-000003-26 - Alleged improper/incompetent care of a resident
- Intake: #00167443 - Complaint related to resident care and transfers

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

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Resident Care and Support Services
Food, Nutrition and Hydration
Infection Prevention and Control
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.

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

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,
(a) the planned care for the resident;

On a day in December, 2025, a resident sustained an injury during a transfer.

Review of the resident's written plan of care at the time of the incident did not indicate specified instructions to be done during a transfer. During interviews with Personal Support Worker's (PSW), they provided differing ways on how they would perform the transfer. During an interview with the Resident Care Coordinator (RCC), they confirmed that the manufacturer did not provide direction on how the transfer should be done, as this was determined by the staff member based on safety purposes and the resident's comfort.

Sources: A resident's care plan, progress notes, Kardex, and Transfer Decision

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Assessment on PointClickCare (PCC), the licensee's investigation notes, manufacturer's guidelines and interviews with PSW's and the RCC.

WRITTEN NOTIFICATION: Reporting certain matters to Director

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

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

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:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

On a day in January, 2026, a resident reported pain from an alleged incident that occurred during repositioning the prior evening. This incident of alleged improper/incompetent care was reported to the Director two days after the resident reported this to staff members.

Sources: A resident's progress notes and Physiotherapy (PT) referral in PCC, Critical Incident System report, and an interview with the Director of Care (DOC).

WRITTEN NOTIFICATION: Transferring and positioning techniques

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

Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques

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s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

On a day in January, 2026, a resident reported pain from an alleged incident that occurred during repositioning the prior evening. A PSW indicated they repositioned the resident using a specified technique. It was confirmed that this was an unsafe repositioning technique for the resident.

Sources: A resident's progress notes, care plan, Kardex, and PT referral in PCC, the licensee's investigation notes, and interviews with a PSW and the DOC.

WRITTEN NOTIFICATION: Required programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

The licensee's Pain Management Program Policy and Procedure indicated The Pain-72 Hour Pain Screening Tool portion (section 1-9) will ask the nurse to document every 8 hours whether the resident had pain-if so, it will include a pre-intervention assessment, documentation of pharmacological interventions administered and non-pharmacologic interventions (physical, psychological and sensory) initiated and the resident pain level post intervention.

On a day in December, 2025, a resident was initiated on a Pain-72 Hour Screening

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Tool after sustaining an injury during a transfer. One of the assessments indicated the resident had pain, with the remaining documentation related to the pain omitted. The resident was also initiated on a Pain-72 Hour Screening Tool on a day in January, 2026, related to increased pain. Two of the assessments indicated that the resident had pain, received an analgesic, but whether the analgesic was effective was omitted.

On a day in January, 2026, a resident was initiated on a Pain-72 Hour Screening Tool after having pain following repositioning. One of the assessments indicated the resident had pain, with the remaining documentation related to the pain level and whether the intervention was effective omitted. Another assessment indicated the resident had pain, with the location of the pain, the pain level, and quality of the pain omitted.

During interviews, it was confirmed that all sections of the Pain-72 Hour Screening Tool are to be completed if the resident has pain.

Sources: Two resident's Pain-72 Hour Screening Tools on PCC, the licensee's Pain Management Program Policy and Procedure, #LTC-NURS-S5-20.0, effective December 1, 2025, and interviews with a Registered Nurse (RN), RCC, and DOC.