

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: December 22, 2025

Inspection Number: 2025-1226-0008

Inspection Type:

Complaint
Critical Incident

Licensee: Caessant-Care Nursing and Retirement Homes Limited

Long Term Care Home and City: Caessant Care on Bonnie Place, St Thomas

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 11, 15-17, 19, and 22, 2025.

The following intakes were inspected:

- Intake: #00163541/Critical Incident (CI) #2730-000054-25 related to improper care of a resident;
- Intake #00164109 related to concerns about lack of supplies in the home.

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

Resident Care and Support Services

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Resident Rights

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 16.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

16. Every resident has the right to proper accommodation, nutrition, care and services consistent with their needs.

An incident occurred where a Personal Support Worker (PSW) provided care to a resident that was not consistent with their nutrition care needs. The long term care home's (LTCH) policy "Personal Support Worker – P and P" directed Personal Support Workers to perform, to an acceptable standard of skill and responsibility, those functions which provide for the basic care of residents. The Executive Director (ED) verified that the PSW did not follow the PSW job description when they provided the resident with this care as this type of nutrition care was not considered a function of the basic care of a resident.

Sources: the resident's electronic medical record, LTCH policy Personal Support Worker – P and P; and staff interviews.

COMPLIANCE ORDER CO #001 Plan of care

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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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

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

The licensee shall:

A) Review and revise the identified resident's plans of care to ensure they have a written plan of care in place which provides clear direction on their ostomy care requirements to staff, including the specific ostomy product they require and the frequency for changing and emptying this product. Maintain a documented record of the reviews, including who participated in the review, the date the review occurred, and any revisions made to the resident's plan of care as a result of the review.

B) Review the home's policies and procedures related to ostomy care and revise as needed. Maintain a documented record of the review, including the specific policies and procedures that were reviewed, date of the review, who participated in the review, and a summary of any changes to these policies and procedures that were made as a result of the review.

C) Ensure that all registered nursing staff, personal support staff, and any other staff who provide ostomy care to residents are provided training on the home's policies and procedures related to ostomy care, including any changes to these policies and procedures that were made as a result of the above review. Maintain a documented record of the review, including the date the training was provided, who attended the training, the contents of the training, and who provided the training.

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Grounds

1. The Caressant Care Nursing & Retirement Homes Ltd. "Interdisciplinary Team Roles and Responsibilities" policy directed nursing staff to maintain residents external collection systems in accordance with prescribers' orders and PSWs to follow residents care plans to support continence promotion and complete Point of Care (POC) documentation reporting any concerns to nursing staff.

Three residents required an ostomy product and they did not have a prescriber order related to this product or any written direction included in their care plan or scheduled tasks on POC related to the specific ostomy product they required or frequency that this product was to be changed.

PSW staff in the home indicated they were responsible for providing ostomy care to residents in the home and they were not provided with clear direction on how to provide this care. They said they would replace resident ostomy products whenever they were visibly soiled and would apply whatever ostomy products were available in the home that they could find. They said the ostomy products that were applied for residents were often ill-fitted to the residents resulting in their ostomy products leaking and there had been situations where the home had an insufficient supply of ostomy products and residents ostomy products could not be changed when required.

The ED indicated they were responsible for ordering and replenishing stock of ostomy care products in the home. They said that there was a lack of clear direction for themselves and staff in the home related to ostomy care and when they were ordering ostomy care products they didn't know what ostomy products they should be ordering for each resident who required an ostomy.

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Sources: Caressant Care Nursing & Retirement Homes Ltd. "Interdisciplinary Team Roles and Responsibilities" policy; residents clinical records, including their diagnosis, orders, Medication Administration Record (MAR), Treatment Administration Record (TAR), tasks, and care plan; resident and staff interviews.

2. An incident occurred where a PSW provided a resident with care that was not consistent with their nutrition care requirements. In an interview documented by the home, the PSW recounted that a registered staff had directed them to provide this care. The ED verified that the residents written plan of care did not provide clear direction to staff regarding the specific nutrition care they required until after the incident occurred.

Sources: the residents electronic medical record, long term care home incident investigation file; and staff interviews.

This order must be complied with by February 27, 2026

COMPLIANCE ORDER CO #002 Availability of supplies

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

Non-compliance with: O. Reg. 246/22, s. 48

Availability of supplies

s. 48. Every licensee of a long-term care home shall ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents.

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

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The licensee shall:

- A) Ensure that there is a sufficient supply of nail clippers readily available and accessible to staff in the home to meet the nail care needs of the identified residents and any other resident.
- B) Develop and implement a process for managing the supply of nail clippers in the home to ensure that there is a sufficient supply of nail clippers readily available and accessible to staff in the home for all residents. Ensure that this process includes, the minimum quantity of nail clippers to be maintained in the home at all times, guidelines for disinfection and/or disposal of nail clippers, and the specific location where nail clippers are to be stored. A documented record must be maintained of the process developed.
- C) Ensure that the above supply management process for nail clippers developed and implemented in the home is communicated to all direct care staff in the home. A documented record must be maintained of this communication which includes, the date it was shared, information that was shared, and recipients of the communication.

Grounds

In accordance with the home's bathing and foot care policies and procedures personal support staff were expected to provide residents with nail care on their scheduled bath days, at least twice weekly.

1. There were two occurrences in a one month period where a resident was provided a scheduled bath and they were not provided the finger and toe nail care they required as personal support staff did not have a sufficient supply of nail clippers to complete this care.

2. There were four occurrences in a two month period where a resident was

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provided a scheduled bath and they were not provided the finger nail care they required as personal support staff did not have a sufficient supply of nail clippers to complete this care.

3. During a two month period, a resident was not provided finger nail care on three occurrences and toe nail care on four occurrences during their scheduled bath as personal support staff did not have a sufficient supply of nail clippers to complete this care.

Sources: Caressant Care Nursing & Retirement Homes Ltd. "Resident Bathing" and "Foot Care P and P" policies; observations of the home's spa areas; the resident's clinical records, including their care plans and tasks; and resident and staff interviews.

This order must be complied with by January 31, 2026

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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, 8th floor
Toronto, ON, M7A 1N3

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e-mail: 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

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:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
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438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: 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.