Ontario

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

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

London District
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Public Report

Report Issue Date: February 9, 2026

Inspection Number: 2026-1226-0001

Inspection Type:
Complaint
Critical Incident
Follow up

Licensee: Caressant-Care Nursing and Retirement Homes Limited

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

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 3, 4, 6, 9, 2026
The inspection occurred offsite on the following date(s): February 5, 2026

The following intake(s) were inspected:

- Intake: #00165900 - related to a Follow-up/ CO #002/2025-1226-0008
- Intake: #00166983 - related to a complaint
- Intake: #00167122 - related to a complaint
- Intake: #00167685/ Critical Incident (CI) #2730-000002-26 - related to a fall
- Intake: #00168082/CI #2730-000004-26 - related to a fall
- Intake: #00168638/CI# 2730-000006-26 - related to food and nutrition

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #002 from Inspection #2025-1226-0008 related to O. Reg. 246/22, s. 48

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

Resident Care and Support Services
Food, Nutrition and Hydration
Reporting and Complaints
Falls Prevention and 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 (10) (b)
Plan of care
s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary

A resident was not reassessed for falls risk, and their plan of care was not reviewed or revised when their care needs changed. The Falls Lead reported that resident had a change in care needs; however, the resident was not reassessed, and their plan of care was not reviewed or updated specific to falls risk.

Sources: Residents plan of care and progress notes, staff interviews.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)
Nutritional care and hydration programs
s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,
(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;

A resident required a specialized diet. The resident was served an incorrect diet texture, despite the diet list and documentation indicating the correct modified texture. The home's dietary policy states that the dietary team is responsible for providing diets based on the most current diet lists issued by the Food Service Manager. The Director of Care (DOC) confirmed that the resident received a diet texture that did not match the prescribed texture documented in the diet sheets or clinical records.

Sources: Review of resident clinical records and staff interviews.