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

Public Report

Report Issue Date: May 27, 2025

Inspection Number: 2025-1144-0004

Inspection Type:
Complaint
Critical Incident

Licensee: Caressant-Care Nursing and Retirement Homes Limited

Long Term Care Home and City: Caressant Care Woodstock Nursing Home, Woodstock

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 7, 8, 9, 13, 14, 15, 16, 20, 22, 23, 26, 27th 2025

The following intake(s) were inspected:

- Intake: #00145082/Critical Incident (CI) #2636-000026-25 - alleged staff to resident verbal abuse
- Intake: #00145811/ CI #2636-000028-25 - alleged staff to resident emotional abuse
- Intake: #00145819/ CI #2636-000029-25 - alleged staff to resident emotional abuse
- Intake: #00145841 - Complaint related to medication administration and billing
- Intake: #00147211 - Complaint related to transfers and wound care
- Intake: #00148096/ CI # 2636-000041-25 related to a fall

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

Resident Care and Support Services
Medication Management
Prevention of Abuse and Neglect
Falls Prevention and Management
Resident Charges and Trust Accounts

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty to protect

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 24 (1)
Duty to protect
s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee has failed to protect two residents from physical abuse.

Physical abuse means the use of physical force by anyone other than a resident that causes physical injury or pain. Physical abuse does not include the use of force that was appropriate to the provision of care or assisting a resident with activities of daily living, unless the force used was excessive in the circumstances.

A) A Critical Incident System (CIS) report was filed regarding a witnessed incident where one personal support worker (PSW) observed another PSW continue providing care despite a resident expressing pain.

The witnessing PSW stated the resident asked for the care to stop, but it continued. They recognized this as abuse but did not intervene.

The Director of Care stated staff are expected to stop care if a resident reports pain and to intervene or seek help to ensure safety.

Sources: Review of CIS report, interviews with staff

B) A Critical Incident System (CIS) report was filed regarding a witnessed incident of physical abuse involving a resident and a personal support worker (PSW). Another PSW observed care being provided while the resident was in distress and refusing care.

The witnessing PSW stated they considered the situation to be physical abuse, intervened to stop it, and ensured the resident's safety.

The Director of Care stated that staff are expected to stop care if a resident is in distress or refusing it. They also noted that failure to report such incidents promptly prevents timely action to protect residents.

Sources: Review of CIS report, interviews with staff.

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 25 (1)
Policy to promote zero tolerance
s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee failed to ensure compliance with the home's policy on zero tolerance

of abuse and neglect.

A Critical Incident System (CIS) report was filed regarding a witnessed incident of physical abuse involving a resident and a personal support worker (PSW). The home's policy requires all staff to immediately report any suspected or witnessed abuse to registered staff.

One PSW witnessed another providing care in a way that caused the resident pain and considered it abuse but did not report it immediately.

The Director of Care confirmed the delay in reporting, which prevented timely action and increased risk to residents.

Sources: Review of resident clinical records, CIS review, review of home's prevention of abuse and neglect policy and procedure, interviews with staff.

WRITTEN NOTIFICATION: Required programs

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 2.
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:
2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure injuries, and provide effective skin and wound care interventions.

The licensee failed to implement the home's skin and wound care program as required.

A staff member did not follow the home's policy when they failed to report a new area of altered skin integrity on a resident, delaying assessment and intervention.

This non-compliance with the skin and wound care policy posed a risk to the resident's health and safety.

Sources: Review of residents clinical records, Home's Skin & Wound Interdisciplinary policy, review of CIS, staff interviews.

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 103 (c)
Policy to promote zero tolerance
s. 103. Every licensee of a long-term care home shall ensure that the licensee's written policy under section 25 of the Act to promote zero tolerance of abuse and neglect of residents,
(c) identifies measures and strategies to prevent abuse and neglect;

The licensee failed to ensure the abuse prevention policy included clear strategies to prevent abuse and neglect.

An incident of physical and verbal abuse by a staff member was observed by a manager. No immediate action was taken by that individual at the time. A later internal investigation confirmed the abuse, and disciplinary action was issued.

A review of the policy found it lacked key components, including guidance on how staff should intervene during incidents. Although staff were expected to act, this was not reflected in the written policy. This gap contributed to the failure to protect the resident during the incident.

Sources: Staff interviews, LTC home investigation notes, resident record review, LTC home policy 'Zero Tolerance of Abuse and Neglect Policy LTC'

COMPLIANCE ORDER CO #001 Policy to promote zero tolerance

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 103 (d)
Policy to promote zero tolerance
s. 103. Every licensee of a long-term care home shall ensure that the licensee's written policy under section 25 of the Act to promote zero tolerance of abuse and neglect of residents,
(d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
A) Review, revise and update the policy and procedure to promote zero tolerance of abuse and neglect to ensure it includes the following:

- Specific measures and strategies to prevent abuse and neglect.
- Steps for intervention and response when abuse or neglect are suspected or witnessed.
- Direction on how to initiate and complete an investigation into allegations of abuse and neglect, including who would undertake the investigation.

B) Fully implement the updated policy and procedure from part A) including, but not limited to, communicating it to all staff, residents and residents' substitute decision-makers.

C) Ensure all staff receive education on the updated policy and procedure to promote zero tolerance of abuse and neglect.

D) Ensure a written record is kept onsite and readily available related to the education including who completed the education, the date the education was completed, who provided the education and the content of the education.

Grounds

The licensee has failed to ensure that their written policy under section 25 of the Act to promote zero tolerance of abuse and neglect of residents identified the manner in which allegations of abuse and neglect would be investigated, including who would undertake the investigation.

The home had submitted a number of Critical Incident System reports related to allegations of resident's abuse and neglect. Inspectors identified concerns related to the home's investigation process.

A review of the home's abuse prevention policy and related staff interviews revealed that the policy did not outline how allegations of abuse or neglect would be investigated or who would be responsible for conducting the investigation.

Sources: Home's Prevention of abuse and neglect policy and procedures, staff interviews.

This order must be complied with by June 27, 2025

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
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:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
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.