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: September 23, 2025

Inspection Number: 2025-1144-0007

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): September 16-19, 22, 23, 2025

The following intake(s) were inspected:

- Intake: #00156411 -A complaint related to IPAC concerns.
- Intake: #00156469 -CI #2636-000072-25 related to alleged physical altercations.
- Intake: #00157217 -A complaint related to palliative care concerns.

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

Infection Prevention and Control
Responsive Behaviours
Palliative Care

INSPECTION RESULTS

WRITTEN NOTIFICATION: Clear directions to staff and others who provide direct care to the resident

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

The licensee failed to ensure that the written plan of care for resident provided clear direction to the direct care staff. A review of documentation revealed conflicting information about a specific tasks when resident was on additional precautions. Staff continued to document incorrectly in the resident's care records highlighting a gap in communication and adherence to Infection Prevention and Control protocols.

Sources: Complaint intake, documentation review, observations, and staff/resident interviews.

WRITTEN NOTIFICATION: Based on assessment of resident

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (2)
Plan of care
s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

The licensee failed to ensure that the care outlined in the plan was based on an assessment and aligned with the resident's individual needs and preferences regarding Infection Prevention and Control (IPAC) measures.

Sources: Complaint intake, documentation review, observations, and staff interviews.

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

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

1) Develop and implement documented interventions to ensure IPAC best practices are consistently followed for two specific residents, specifically related to mitigating the risks associated with shared hygiene space.

2) Retrain all PSWs and registered nursing staff working in specific home area on the home's IPAC Program. This must include training specifically related Antibiotic Resistant Organisms (AROs) infection and the special requirements for residents regarding cleaning and disinfection of the environment and high touch surface areas

in the resident's room and shared hygiene space. The training must be documented, including the content, date, and name of the trainer.

3) Conduct at least two audits per PSW staff member working in specific home area related to environmental and high touch surface cleaning for residents. A documented record of these audits must be maintained, including the date of completion and any corrective actions taken.

Grounds

The licensee failed to ensure the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated April 2022, issued by the Director, was implemented.

1) The home did not fully implemented evidence based practices related to contact transmission prevention, as required by section 9.1(a) of the IPAC Standard.

According to the home's policy and public health guidance, single room accommodation and exclusive access to hygiene facilities should have been recommended to reduce transmission risk. As this was not feasible, enhanced environmental cleaning and consistent use of Personal Protective Equipment (PPE) were expected. However, staff did not consistently follow these practices. One resident expressed concerns about the adequacy of cleaning and independently disinfected the shared space. The lack of adherence to cleaning protocols and PPE use increased the risk of transmission to others.

2) The home did not comply with section 9.1(f) of the IPAC Standard, which outlines requirements for the appropriate selection, application, removal, and disposal of PPE after providing a personal care to a resident who were on additional

precautions.

The staff member used the same gloves to disinfect high touch surfaces and assist the resident with mobility, without changing gloves between tasks after providing a personal care who were under contact precautions. PPE was only removed after exiting the room, following contact with multiple surfaces. This practice did not align with evidence based IPAC protocols and increased the risk of environmental contamination and potential transmission of infection.

3) The home did not comply with section 9.1(g) of the IPAC Standard, which requires modified or enhanced environmental cleaning procedures under additional precautions.

Staff member disinfected a shared care equipment following personal care for a resident under contact precautions. While some high touch surfaces were disinfected, other critical surfaces including the sink, tap handles, and door knobs were not disinfected. Posted signage indicated that all high touch surfaces were to be cleaned before and after each use with approved disinfectant wipes. The home's policy and public health guidance emphasized the importance of thorough cleaning of shared items and surfaces to prevent transmission. The failure to follow these procedures increased the risk of environmental contamination and potential spread of infection.

Sources: Clinical record reviews and direct observations; review of the home's policies; Public Health Ontario guidance document; and interviews with staff members and public health representatives.

This order must be complied with by October 31, 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, 8th floor
Toronto, ON, M7A 1N3

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.