

**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:** April 3, 2025

**Inspection Number:** 2025-1226-0002

**Inspection Type:**

Proactive Compliance Inspection

**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): March 20, 21, 24, 25, 26, 27, 28, 2025 and April 1, 2, 3, 2025

The inspection occurred offsite on the following date(s): March 31, 2025

The following intake(s) were inspected:

- Intake: #00141157 - Proactive Compliance Inspection - 2025

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

Resident Care and Support Services  
Skin and Wound Prevention and Management  
Food, Nutrition and Hydration  
Residents' and Family Councils  
Medication Management  
Infection Prevention and Control  
Safe and Secure Home  
Prevention of Abuse and Neglect  
Quality Improvement  
Staffing, Training and Care Standards  
Residents' Rights and Choices

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Pain Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of Care

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

**Non-compliance with: O. Reg. 246/22, s. 29 (3) 19.**

Plan of care

s. 29 (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

19. Safety risks.

The licensee failed to ensure that the plan of care was based on, at a minimum, interdisciplinary assessments of safety risks with respect to a resident.

The resident was assessed for safety risks and the care plan did not provide clear direction or interventions to direct staff related to monitoring and safety risks. The Executive Director (ED) verified the goals were not resident focused and did not identify the safety risks.

**Sources:** review of policies, resident's clinical records related to assessments, progress notes, care plan, letters of non-compliance; observations of the resident, their room; and interviews with Personal Support Workers (PSW), housekeeper, Registered Practical Nurse, the resident and the Executive Director.

### WRITTEN NOTIFICATION: Based on Assessment of Resident

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

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**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 has failed to ensure that the care set out in the plan of care was based on an assessment of the resident's needs and preferences related to toileting, continence, oral care, personal hygiene, and cognitive status.

The resident's care plan identified interventions that were not resident specific and provided interventions and information that were incorrect.

**Sources:** Interview and observations clinical health records for the resident including care plan and progress notes; staff interviews with a PSW and the Resident Care Coordinator (RCC).

**WRITTEN NOTIFICATION: Plan of Care**

NC #002 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

The licensee failed to ensure when a resident's continence was reassessed, the plan of care was reviewed and revised related to toileting and urinary continence care. The physician assessed the resident's skin integrity and intervention was discontinued.

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The plan of care was not revised when the resident's intervention for skin and wound management was no longer necessary, and the resident used a positioning device that did not provide direction related to the location and positioning. The resident's continence care needs changed, an intervention was discontinued and the care plan was not updated.

The Resident Care Coordinator (RCC) was also the Skin & Wound Lead and verified the plan of care was not reviewed and revised when the resident was reassessed and their care needs changed.

**Sources:** clinical record review of progress notes, assessments, Wound Evaluations, Point of Care Tasks, Point Click Care documentation, care plan, and physician orders for the resident, observations, and resident and staff interviews with a Registered Practical Nurse and the RCC.

## WRITTEN NOTIFICATION: Pain Management

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

**Non-compliance with: O. Reg. 246/22, s. 57 (2)**

Pain management

s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The licensee has failed to ensure that the home's Pain Management Procedure was complied with when initial interventions for a resident's pain management were not effective.

Ontario Regulation 246/22, s. 11(1)(b) states: Where the Act or this Regulation

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requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system is complied with.

The resident had pain levels documented prior to regularly scheduled pain medication. A comprehensive assessment was initiated and the pain screening in the assessment indicated that the resident had higher pain levels with interventions that were not effective. The assessment conclusion was incomplete and no follow up actions were taken related to the results of the assessment as directed in the home's pain management program procedure. There was risk that the resident's pain was not appropriately managed when the pain assessment was not completed in full or acted on as per the home's pain management program procedure.

**Sources:** Interview and observations of the resident, interviews with a Registered Practical Nurse, Director of Care and Resident Care Coordinator; the home's Pain Management Program Procedure and the resident's clinical health records.

**WRITTEN NOTIFICATION: Infection Prevention and Control  
Program**

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

**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 licensee failed to implement the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes as issued by the Director. Specifically, the

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Registered Practical Nurse (RPN) did not change personal protective equipment (PPE) upon exiting a resident's room under additional precautions, and the Personal Support Workers (PSW) did not don appropriate PPE while serving food trays and beverages to residents on additional precautions, as required by section 9.1(d): Additional Precautions, within the IPAC Standard.

Failure to adhere to additional precautions for the proper use of PPE, including correct selection, application, removal, and disposal, posed a risk of spreading potential healthcare-associated infections.

**Sources:** Observation of the RPN providing direct care to the residents, observation of PSWs serving food and fluids, review of posted droplet/contact precaution, PPE donning/doffing signage, review of outbreak control measures, and interviews with an RPN, PSW and IPAC Lead.

## WRITTEN NOTIFICATION: Recreational Cannabis

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 142 (1)**

Recreational cannabis

s. 142 (1) Every licensee of a long-term care home shall ensure that there are written policies and procedures to govern, with respect to residents, the cultivation, acquisition, consumption, administration, possession, storage and disposal of recreational cannabis in accordance with all applicable laws, including, without being limited to, the Cannabis Act (Canada) and the Cannabis Regulations (Canada).

The licensee failed to ensure the written policies and procedures to govern with respect to the resident's possession and storage of recreational cannabis was complied with for the resident.

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Ontario Regulation 246/22, s. 11. (1) (b) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee is required to ensure that the policy is complied with.

The Caressant Care Resident Smoking Vaping and Recreational Cannabis Policy had a written process for those residents who possess and store cannabis. Cannabis products were observed unattended and accessible, and did not comply with the policy for resident possession and storage.

**Sources:** review of the policies, the resident's clinical records related to assessments, progress notes, care plan, letters of non-compliance; observations of the resident, their room; and interviews with PSWs, housekeeper, Registered Practical Nurse, the resident and the Executive Director.