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

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Public Report

Report Issue Date: November 19, 2025

Inspection Number: 2025-1144-0008

Inspection Type:
Complaint
Critical Incident
Follow up

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): November 3, 4, 5, 6, 7, 12, 13, 14, 17, 18, 19, 2025

The following intake(s) were inspected:

- Intake: #00158602 -Follow-up #: 1 - CO #001 from Inspection 2025-1144-0007 r/t O. Reg. 246/22 - s. 102 (2) (b) Infection prevention and control program with CDD October 31, 2025
- Intake: #00158702 - 2636-000074-25 – Skin and Wound Care for a resident
- Intake: #00158760 -2636-000075-25 – Skin and Wound Care for a resident
- Intake: #00161156 -Complainant with concerns regarding Pest Control.
- Intake: #00161181 -2636-000081-25 - Fall of a resident
- Intake: #00161378 - Complainant with concerns regarding Pest Control.
- Intake: #00161517 -2636-000082-25 -Unexpected death of a resident
- Intake: #00161687 -2636-000083-25 - Unexpected death of a resident

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2025-1144-0007 related to O. Reg. 246/22, s. 102 (2) (b)

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Safe and Secure Home
Infection Prevention and Control
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 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

A resident was not provided with dressing changes as per their Treatment Administration Orders.

Sources: Resident clinical record reviews; and interviews with staff members..

WRITTEN NOTIFICATION: Required Programs

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.
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:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The home's falls prevention and management program, which outlines strategies to reduce or mitigate falls, was not implemented for a resident. The resident was not reassessed, and the care plan was not updated following their falls.

In accordance with O. Reg 246/22, s. 11. (1) (b), the licensee is required to ensure that written policies developed for the falls prevention and management program were complied with. Specifically, the home's policy specifies that residents must be reassessed and their care plan reviewed and updated upon any significant change in status, and whenever current interventions are no longer required or have proven ineffective, such as following a fall.

Resident experienced falls and the care plan was not reviewed or updated following these falls to include individualized interventions.

Sources: Resident clinical record, policy Falls Management Program, staff interviews.

WRITTEN NOTIFICATION: Medication Management System

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 123 (3)
Medication management system
s. 123 (3) The written policies and protocols must be,
(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and
(b) reviewed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director.

Part C of the home's Post-Fall Head Injury Routine (HIR) required medication review for certain drug classes after a fall. Despite this, medications continued without documented physician discussion for two residents. The procedure, developed by Corporate, lacked evidence-based support. Nursing staff, a physician, and the pharmacist questioned its practicality, and the home could not confirm that it was approved by the Director of Care.

Sources: Interviews with staff, Resident clinical records, the home's Post-Fall HIR Procedure.