

Ministry of Long-Term Care

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

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Public Report

Report Issue Date: May 21, 2025

Inspection Number: 2025-1279-0002

Inspection Type:

Complaint
Critical Incident

Licensee: MacGowan Nursing Homes Ltd.

Long Term Care Home and City: Braemar Retirement Centre, Wingham

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 5-7, 14-16 and 20, 2025.

The inspection occurred offsite on the following date(s): May 13, 2025.

The following intake(s) were inspected:

- Intake: #00142225, related to prevention of abuse and neglect,
- Intake: #00146517, complaint related to residents' bills of rights.

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

- Prevention of Abuse and Neglect
- Palliative Care
- Residents' Rights and Choices

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Palliative care

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

Non-compliance with: O. Reg. 246/22, s. 61 (4) (b)

Palliative care

s. 61 (4) The licensee shall ensure that, based on the assessment of the resident's palliative care needs, the palliative care options made available to the resident include, at a minimum,

(b) symptom management;

The licensee has failed to ensure that a comprehensive pain assessment and palliative performance scale were completed for a resident to ensure proper symptom management.

Sources: resident's electric health record, investigation notes for a Critical Incident, interview with a RPN and the Director of Care (DOC).

WRITTEN NOTIFICATION: Dealing With Complaints

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (1) 1.

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.

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The licensee has failed to ensure that an appropriate investigation was conducted or a response provided in accordance with paragraph 3 within 10 business days of receiving a complaint. The complaint, raised by a staff member, was brought to the attention of two staff members. Two residents expressed concern and were upset related to their rights as a citizen.

Sources: Interviews with two residents, three staff members, the Director of Care and the Administrator.

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 (2)

Medication management system

s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The licensee has failed to ensure that a resident's medication was stored according to the home's Administration of Medication policy, when it was left at the resident's bedside.

Sources: a resident's medical records, Administration of Medication Policy (revised: December 13, 2024), investigation notes for Critical Incident #4, interview with a staff member and the DOC.

COMPLIANCE ORDER CO #001 Residents' Bill of Rights

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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Non-compliance with: FLTCA, 2021, s. 3 (1) 15.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

15. Every resident has the right to exercise the rights of a citizen.

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with FLTCA, 2021, s. 3 (1) 15. [FLTCA, 2021, s. 155 (1) (b)]:

The licensee shall prepare, submit and implement a plan to ensure all resident's are given the opportunity to exercise their democratic right to vote during an election.

The plan must include but is not limited to:

1) Who, will be designated to develop a written process to ensure residents are given opportunity to exercise their democratic rights to vote during an election day.

The process must include but is not limited to:

a) Those who will be responsible for assisting and organizing prior to and during the election day.

b) Activities prior to the election day to promote and inform the residents of the upcoming election day that are compatible with resident's cognition and understanding.

c) Where actions taken and responses will be documented.

2) The type of training involved, including who will be responsible for training, and who will need to be trained.

3) Provide actions to address sustainability of this plan ongoing.

Please submit the written plan for achieving compliance for inspection #2025-1279-0002 by June 4, 2025.

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Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds

The licensee has failed to ensure that two residents' citizens rights were respected and promoted.

When the two residents were not provided the opportunity to vote in the recent Federal election, it was a violation of their rights as citizens and the home's obligation to ensure equitable access for those that need assistance to vote. As a result, the residents felt upset.

Sources: Interviews with two residents, three staff members, the Director of Care and the Administrator.

This order must be complied with by June 4, 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
e-mail: MLTC.AppealsCoordinator@ontario.ca

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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

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Director

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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.