

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: July 15, 2025

Inspection Number: 2025-1062-0003

Inspection Type:

Complaint
Critical Incident

Licensee: 1230839 Ontario Limited

Long Term Care Home and City: Brouillette Manor, Tecumseh

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 8, 9, 10, 14, and 15, 2025

The following intake(s) were inspected:

Intake: #00148749/CI #2301-000011-25 related to falls prevention and management

Intake: #00148933- complaint related to resident care and services

Intake: #00150370- complaint related to alleged abuse

Intake: #00150440- complaint related to skin and wound care and responsive behaviours

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Prevention of Abuse and Neglect

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Responsive Behaviours
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 (1) (a)

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,

(a) the planned care for the resident.

A. The licensee failed to ensure that a resident's care routine was in their plan of care. A staff member acknowledged that two aspects of care being provided to the resident were not documented in their plan.

Sources: resident's clinical record and staff interviews.

B. The licensee failed to ensure that a device used for assisting a resident was included in their plan of care. Staff acknowledged that it should have been in the plan but was not.

Sources: resident's clinical record and staff interviews.

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WRITTEN NOTIFICATION: Plan of Care

NC #002 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 plan of care for a resident provided clear direction for assisting the resident with an activity of daily living. Two different documents indicated different levels of assistance needed.

Sources: resident's clinical record and staff interviews.

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

The licensee failed to ensure that care provided to a resident was documented in their clinical chart when there were several missing entries during a two month timeframe.

Sources: resident's clinical record and staff interviews.

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WRITTEN NOTIFICATION: Reporting and Complaints

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

Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. i.

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:

3. The response provided to a person who made a complaint shall include,
 - i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

The licensee failed to ensure that the response provided to a person who made a complaint included the Ministry's toll-free telephone number and contact information for the patient ombudsman.

Sources: The home's complaint records and staff interviews.

WRITTEN NOTIFICATION: Drugs

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

Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)

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.

The licensee failed to ensure that the written policies and protocols related to

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medication management were implemented when a medication was not received from pharmacy resulting in a resident missing several treatments.

Sources: resident's clinical record, the home's medication policy, and staff interviews.

WRITTEN NOTIFICATION: Records

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 274 (b)

Resident records

s. 274. Every licensee of a long-term care home shall ensure that,
(b) the resident's written record is kept up to date at all times.

The licensee failed to ensure that a resident's record was kept up to date when treatments were signed for but not provided.

Sources: resident's clinical record and staff interviews.