

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

North District
159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Public Report

Report Issue Date: August 21, 2025

Inspection Number: 2025-1420-0004

Inspection Type:
Critical Incident

Licensee: F. J. Davey Home

Long Term Care Home and City: F.J. Davey Home, Sault Ste. Marie

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 18 -21, 2025

The following intake(s) were inspected:

- Intake related to a fall with an injury
- Intake related to an unwitnessed injury
- Intake related to a medication incident
- Intake related to an outbreak

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

- Medication Management
- Infection Prevention and Control
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Infection prevention and control

NC # 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

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and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the standard or protocol issued by the Director with respect to infection prevention and control was complied with.

Specifically, in accordance with additional requirement 10.4 (h) under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, the licensee has failed to ensure that residents were offered opportunity or assistance to perform hand hygiene before two observed meal services.

Additionally, in accordance with additional requirement 9.1 (b) under the IPAC Standard for Long-Term Care Homes, the licensee has failed to ensure that staff perform hand hygiene as required by routine practices.

Sources: Meal service observations, interviews with a PSW, IPAC lead, and a DON, home's hand hygiene procedure & hand hygiene guide, IPAC Standard for Long-Term Care Homes.

WRITTEN NOTIFICATION: Medication Management

NC #002 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 the home's Medication management program was complied with.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that written policies and protocols were developed for medication management, and ensure they were complied with.

A RPN did not comply with the licensee's policy for receipt and storage of controlled substances.

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Sources: Investigation notes, interviews with a RPN and a DON, and MediSystem Narcotics, controlled and targeted substances policy.



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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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