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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Original Public Report

Report Issue Date: July 24, 2024	
Inspection Number: 2024-1544-0002	
Inspection Type: Proactive Compliance Inspection	
Licensee: The Corporation of the City of Peterborough and The Corporation of the County of Peterborough	
Long Term Care Home and City: Fairhaven, Peterborough	
Lead Inspector The Inspector	**Inspector Digital Signature**
Additional Inspector(s) The Inspector	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 20, 21, 24, 25, 26, 27, 28, 2024 and July 2, 3, 4, 5, 8, 9, 10, 11, 2024

The following intake(s) were inspected:

- Intake: #00116919 - PCI - Proactive Compliance Inspection

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Medication Management

Food, Nutrition and Hydration
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: FLTCA, 2021, s. 85 (3) (d)
Posting of information
s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(d) an explanation of the duty under section 28 to make mandatory reports;

The licensee has failed to ensure that an explanation of the duty under section 28 to make mandatory reports was posted in the long-term care home (LTCH).

Rationale and Summary

In accordance with section 85 (1) of the Fixing Long Term Care Act, 2021, every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements established by the regulations.

Specifically, during an initial tour of the LTCH, an explanation of the duty under section 28 to make mandatory reports was not observed to be posted.

The Executive Director (ED) acknowledged the explanation of the duty to report was not posted.

The explanation of the duty under section 28 to make mandatory reports was observed to be posted on June 26, 2024.

Sources: Inspector's observations, and interview with the ED.

Date Remedy Implemented: June 26, 2024

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.
Posting of information
s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:
10. The current version of the visitor policy made under section 267.

The licensee has failed to ensure that the current version of the visitor policy was posted in the long-term care home (LTCH) .

Rationale and Summary

In accordance with section 85 (1) of the Fixing Long Term Care Act, 2021, every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements established by the regulations.

Specifically, during an initial tour of the LTCH, the current version of the visitor policy was not observed to be posted.

The Executive Director (ED) acknowledged the current visitor policy was not posted.

The visitor policy was observed to be posted on June 26, 2024.

Sources: Observations, interview with the ED.

Date Remedy Implemented: June 26, 2024

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 271 (1) (f)
Website
s. 271 (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,
(f) the current version of the emergency plans for the home as provided for in section 268;

The licensee has failed to ensure that the current version of the emergency plans for the long-term care home (LTCH) was published on the home's website.

Rationale and Summary

On July 8, 2024, the Inspector was unable to locate the LTCH's current version of the emergency plans on the home's website.

The Executive Director (ED) was unable to locate the current version of the emergency plans for the LTCH on the home's website and confirmed the emergency plans were not published on the website.

On July 9, 2024, the LTCH's emergency plans were published on the LTCH's website.

Sources: Review of the LTCH's website, and interview with the ED.

Date Remedy Implemented: July 9, 2024

NC #004 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 271 (1) (g)
Website
s. 271 (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,
(g) the current version of the visitor policy made under section 267; and

The licensee has failed to ensure that the current version of the visitor policy was published on the long-term care home's (LTCH) website.

Rationale and Summary

On July 8, 2024, the Inspector was unable to locate the LTCH's current version of the visitor policy on their website.

The Executive Director (ED) was unable to locate the visitor policy on the LTCH's website and confirmed the policy was not published on the website.

On July 9, 2024, the LTCH's current version of the visitor policy was published on the LTCH's website.

Sources: Review of the LTCH's website, interview with ED.

Date Remedy Implemented: July 9, 2024

WRITTEN NOTIFICATION: RESIDENTS' COUNCIL

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 63 (3)
Powers of Residents' Council
s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

The licensee has failed to ensure that a written response was provided within 10 days to the Residents Council's concerns or recommendations.

Rationale and Summary

A review of Resident Council Meeting Minutes identified specific concerns and recommendations.

The Assistant to the Residents' Council indicated there were no written responses to the Residents' Council's concerns documented in the minutes.

The Executive Director (ED) indicated they did not respond in writing to concerns noted in the minutes of the Residents Council.

Failure to respond in writing to Residents' Council concerns or recommendations within 10 days had the potential for concerns or recommendations to not be addressed in a timely manner.

Sources: Residents Council meeting minutes, interviews with the Residents Council assistant and the ED.

WRITTEN NOTIFICATION: WINDOWS

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 19
Windows
s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

The licensee has failed to ensure that every window in long-term care home (LTCH) that opened to the outdoors and was accessible to residents had a screen and could not be opened more than 15 centimetres.

Rationale and Summary

During an initial tour of the LTCH, a window in a resident's room was noted to open more than 15 centimetres. A window in another resident's room had a ripped window screen.

The Environmental Services Manager (ESM) confirmed the above observations.

Failure to ensure that the windows had screens and did not open more than 15 centimetres posed a risk to resident well-being and safety.

Sources: Inspector's observations and interview with the ESM.

WRITTEN NOTIFICATION: AIR TEMPERATURE

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (3)
Air temperature
s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee has failed to ensure that the temperature required to be measured under Ontario Regulation 246/22 s. 24 (2), was measured or documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

Rationale and Summary

A review of the long-term care home's (LTCH) air temperature documentation records indicated air temperatures were not consistently measured and

documented in the morning, afternoon between 12 p.m. and 5 p.m. and evening in two residents' rooms and one common area.

The Environmental Services Manager (ESM) acknowledged the air temperatures were not consistently measured and recorded in the LTCH.

Failure to measure and document air temperatures puts residents at risk of discomfort when air temperatures fall out of the required range with no actions taken.

Sources: Air temperature records, and interview with the ESM.

WRITTEN NOTIFICATION: COMPLIANCE WITH MANUFACTURERS' INSTRUCTIONS

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 26
Compliance with manufacturers' instructions
s. 26. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.

The licensee has failed to ensure the staff used an assistive aid for a resident in accordance with the manufacturers' instructions.

Rationale and Summary

Observations of a resident indicated an assistive aid was used for a resident and that assistive aid was kept attached to the resident after use.

The resident's current plan of care indicated the resident required the use of the assistive aid during care. The plan of care did not include any directions to staff to remove or leave the assistive aid attached to the resident.

The manufacturer's instructions for the specific assistive aid indicated the assistive aid is not suitable to be attached when not in use. A trained professional should always perform a risk assessment to determine the application method of the assistive aid. Always refer to your institutional policies and procedures to ensure appropriate precautions are being followed.

During separate interviews, a personal support worker (PSW) and a registered practical nurse (RPN) indicated that the assistive aid remained attached to the resident due to difficulty removing the assistive aid.

The resident care manager (RCM) indicated the manufacturer's instructions regarding the use of the assistive aid state it is not suitable to be attached to the resident. The RCM indicated the resident will be assessed to determine the need for the assistive aid to remain attached to the resident.

Failure to use the assistive aid in accordance with the manufacturer's instructions put the resident at risk of discomfort and injury.

Sources: Inspector's observations, resident's plan of care, assistive aid's manufacturer instructions and interviews with PSW, RPN and RCM.

WRITTEN NOTIFICATION: CARE CONFERENCE

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 30 (1) (a)
Care conference
s. 30 (1) Every licensee of a long-term care home shall ensure that,
(a) a care conference of the interdisciplinary team providing a resident's care is held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and their substitute decision-maker, if any;

The licensee has failed to ensure that a care conference of the interdisciplinary team providing a resident's care is held at least annually to discuss the plan of care and any other matters of importance to the resident and their substitute decision-maker (SDM).

Rationale and Summary

During an interview, the SDM of a resident indicated they had not been invited to a recent care conference.
The resident's clinical records were reviewed and indicated the annual care conference was overdue.

Residents care manager (RCM) indicated that registered nurses set up and keep track of the annual care conferences. The RCM acknowledged that an annual care conference for the resident was not done.

Failure to hold the annual care conference reduces the opportunity for the resident and their SDM to fully participate and discuss the resident's plan of care and any other matters of importance to the resident and their SDM.

Sources: Resident's clinical records, interviews with resident's SDM and RCM.

WRITTEN NOTIFICATION: CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (2) 1.
Continuous quality improvement initiative report
s. 168 (2) The report required under subsection (1) must contain the following information:
1. The name and position of the designated lead for the continuous quality improvement initiative.

The licensee has failed to ensure that the Continuous Quality Improvement (CQI) initiative report contained the name and position of the designated lead for the CQI initiative.

Rationale and Summary

A review of the long-term care home's (LTCH) CQI initiative report for the 2024/25 fiscal year indicated the report did not contain the name of the designated lead for the continuous quality improvement initiative.

The designated CQI lead confirmed their name was not included in the CQI initiative report.

Failure to include the required information in the CQI initiative report could limit the contribution and suggestions for quality improvement at the LTCH.

Sources: CQI initiative report; and interview with the LTCH's designated CQI lead.

WRITTEN NOTIFICATION: CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (2) 5.
Continuous quality improvement initiative report
s. 168 (2) The report required under subsection (1) must contain the following information:
5. A written record of,
i. the date the survey required under section 43 of the Act was taken during the fiscal year,
ii. the results of the survey taken during the fiscal year under section 43 of the Act, and
iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee has failed to ensure that the Continuous Quality Improvement (CQI) initiative report contained a written record of
i. the date the survey required under section 43 of the Act was taken during the fiscal year,
ii. the results of the survey taken during the fiscal year under section 43 of the Act, and
iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, and members of the staff of the home

Rationale and Summary

A review of the long-term care home's (LTCH) CQI initiative report for the 2024/25 fiscal year indicated the report did not contain the required information of the Resident and Family/Caregiver Experience Survey.

The designated CQI lead confirmed that the CQI initiative report did not contain the required information of the Resident and Family/Caregiver Experience Survey.

Failure to include the required information in the CQI initiative report could limit the contribution and suggestions for quality improvement at the LTCH.

Sources: CQI initiative report; and interview with the LTCH's designated CQI lead.

WRITTEN NOTIFICATION: CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (2) 6.
Continuous quality improvement initiative report
s. 168 (2) The report required under subsection (1) must contain the following information:
6. A written record of,
i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,
ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and

the outcomes of the actions,
iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,
iv. the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii, and
v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee has failed to ensure that the Continuous Quality Improvement (CQI) initiative report contained a written record of
i. the actions taken to improve the long-term care home (LTCH), and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,
ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,
iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,
iv. the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii, and
v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

Rationale and Summary

A review of the long-term care home's (LTCH) CQI initiative report for the 2024/25 fiscal year indicated the report did not contain the required information on the actions taken to improve the LTCH, and the care, services, programs and goods, based on the documentation of the results of the Resident and Family/Caregiver Experience Survey, the role of the Residents' Council, Family Council and CQI in the actions taken, and the dates when actions taken were communicated residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

The designated CQI lead confirmed CQI initiative report did not contain the required information related to actions taken including the role of the Residents' Council, Family Council and CQI committee in any actions taken.

Failure to include the required information in the CQI initiative report could limit the contribution and suggestions for quality improvement at the LTCH.

Sources: CQI initiative report; and interview with the LTCH's designated CQI lead.

WRITTEN NOTIFICATION: CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (3)
Continuous quality improvement initiative report
s. 168 (3) The licensee shall ensure that a copy of the report is provided to the Residents' Council and Family Council, if any.

The licensee has failed to ensure the Continuous Quality Improvement (CQI) initiative report was provided to the Residents' Council and Family Council.

Rationale and Summary

The Inspector reviewed the Residents and Family Council meeting minutes. The review did not indicate that the CQI initiative report was provided to the Residents' Council and Family Council.

A review of the home's CQI for the 2024/25 fiscal year did not indicate that the CQI initiative report was provided to the Residents' Council and Family Council.

The designated CQI lead confirmed a copy of the CQI initiative report was not provided to the Residents' Council and Family Council.

Failure to provide a copy of the CQI initiative report to the Residents' Council and Family Council, could limit the councils' contribution to quality improvement at the home.

Sources: Review of the Residents and Family Councils Meeting Minutes, review of the CQI initiative report; and interview with the home's designated CQI lead.

WRITTEN NOTIFICATION: CONSTRUCTION, RENOVATION, ETC., OF HOMES

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 356 (1)
Construction, renovation, etc., of homes
s. 356 (1) A licensee of a long-term care home shall not commence operation of the home under a new licence or approval until the Director has approved the home and its equipment.

The licensee has failed to ensure that alterations, additions or renovations to the long-term care home (LTCH) were not made to the home without first receiving the approval of the Director.

Rationale and Summary

A review of the Residents Council meeting minutes dated May 1, 2024, indicated an update by the ESM regarding the roofing project that started April 29, 2024, and that there was fencing set up to make sure debris wasn't falling on anyone. The garden and balconies of the Westview (WV2) residents' home area will be closed during this time. The timeline for the project was eight weeks.

The Executive Director (ED) indicated the roofing project started last year during the summer in two phases, an event tent was used for the residents at the front of the building last summer and this summer to accommodate residents as some of the balconies and the garden were closed when there was an overhead work by the roofers. The ED acknowledged they did not seek approval from the Director before commencing the roofing project.

Failure to notify the Director of renovations to the home could have resulted in limited spaces for residents to use.

Sources: Review of the Residents Council minutes, and interview with the Executive Director.