

**Ministry of Long-Term Care**

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

**Central East District**

33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

## Public Report

**Report Issue Date:** April 29, 2025

**Inspection Number:** 2025-1544-0004

**Inspection Type:**

Critical Incident  
Follow up

**Licensee:** The Corporation of the City of Peterborough and The Corporation of the County of Peterborough

**Long Term Care Home and City:** Fairhaven, Peterborough

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 9 -10, 14 - 17, 22 -25, 28, 2025

The inspection occurred offsite on the following date(s): April 22, 23, 2025

The following intake(s) were inspected:

- Intake: #00132785 - Follow-up #: 1 - O. Reg. 246/22 - s. 96 (2) (a)- maintenance services, procedures are developed and implemented including mechanical lifts, non-electrical, maintained meet manufactures instructions, Compliance Order #001-under inspection report #2024-1544-0003-CDD March 31, 2025 (as per Director's review and altered order).
- Intake: #00132786 - Follow-up #: 1 - O. Reg. 246/22 - s. 272- CMOH and MOH, cleaning and disinfection during confirmed COVID-19 outbreak- Compliance Order #005 - under Inspection Report #2024\_1544\_0003 - CDD March 31, 2025.
- Intake: #00132787 - Follow-up #: 2 - O. Reg. 246/22 - s. 78 (6) (b) food production, institutional food service equipment - Compliance Order #009 - under Inspection Report #2024\_1544\_0001 - CDD July 5, 2024

**Ministry of Long-Term Care**

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

**Central East District**

33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

- Intake: #00132788 - Follow-up #: 1 - O. Reg. 246/22 - s. 78 (3) (b) - food production, prepared, stored and served - Compliance Order #002 - under Inspection Report #2024\_1544\_0003 - CDD March 31, 2025.
- Intake: #00132789 - Follow-up #: 1 - O. Reg. 246/22 - s. 102 (2) (b)-infection prevention and control program- Compliance Order #004 - under Inspection Report #2024\_1544\_0003 - CDD March 31, 2025.
- Intake: #00132790 - Follow-up #: 1 - O. Reg. 246/22 - s. 93 (2) (a) (i)-housekeeping, Compliance Order #003- under Inspection Report #2024\_1544\_0003 -CDD March 31, 2025
- Intake: #00142712 - Improper care of resident
- Intake: #00142786 - Outbreak (Facility)
- Intake: #00143018 - Fall of resident

## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2024-1544-0003 related to O. Reg. 246/22, s. 96 (2) (a)

Order #002 from Inspection #2024-1544-0003 related to O. Reg. 246/22, s. 78 (3) (b)

Order #004 from Inspection #2024-1544-0003 related to O. Reg. 246/22, s. 102 (2) (b)

Order #009 from Inspection #2024-1544-0001 related to O. Reg. 246/22, s. 78 (6) (b)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

**Ministry of Long-Term Care**

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

**Central East District**

33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

Order #003 from Inspection #2024-1544-0003 related to O. Reg. 246/22, s. 93 (2)

(a) (i)

Order #005 from Inspection #2024-1544-0003 related to O. Reg. 246/22, s. 272

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

- Resident Care and Support Services
- Food, Nutrition and Hydration
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control
- Safe and Secure Home
- Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Duty of licensee to comply with plan

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.

The plan of care for a resident directs that two staff are to assist with all aspects of care, and provided specified toileting care. In interview, two staff acknowledged they did not provide care to the resident as specified in the plan of care.

**Sources:** Resident's clinical health records and interviews with staff.

### WRITTEN NOTIFICATION: Protection from certain restraining

**Ministry of Long-Term Care**

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

**Central East District**

33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

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

**Non-compliance with: FLTCA, 2021, s. 34 (1) 5.**

Protection from certain restraining

s. 34 (1) Every licensee of a long-term care home shall ensure that no resident of the home is:

5. Restrained, by the use of barriers, locks or other devices or controls, from leaving a room or any part of a home, including the grounds of the home, or entering parts of the home generally accessible to other residents, other than under the common law duty referred to in section 39.

The licensee failed to ensure that no resident of the home is restrained, by the use of barriers, locks or other devices or controls from leaving a room or any part of a home or from entering parts of the home generally accessible to other residents, other than under the common law duty referred to in section 39, due to the use of a hook and eye lock on the outer side of a resident's bathroom door.

**Sources:** Observations and interview with staff

## WRITTEN NOTIFICATION: Conditions of License

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

**Non-compliance with: FLTCA, 2021, s. 104 (4)**

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee has failed to comply with Compliance Order (C.O) #005 from inspection #2024\_1544\_0003 with a compliance due date of March 31, 2025 as all aspects of the C.O. were not complied.

Specifically, the licensee failed to comply with Conditions #1 and # 2

1.The ESM and IPAC Lead will collaborate, develop and provide in-person training to all housekeeping staff, including staff cross-trained for housekeeping duties, that includes, at a minimum: the requirement of twice daily cleaning of all high touch surfaces (door handles/knobs, light switches, handrails, phones, elevator buttons, etc.), treatment areas, dining areas and lounge areas during outbreaks and the procedures related to that requirement such as: cleaning times, surfaces and which resident rooms are to be cleaned, documentation of cleaning, disinfectant product name and contact time, breaking the chain of transmission at resident doorways, etc.

**Ministry of Long-Term Care**

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

**Central East District**

33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

2. Keep a documented record of the training in condition #1, including: date, content, trainer name (ESM or IPAC Lead) and signature, list of all housekeeping staff and staff cross-trained for housekeeping duties, that require the training, and staff signatures attesting that they have received and understand the training. Provide the records immediately upon Inspector request.

The licensee failed to provide a documented record of the training meeting the requirements in condition #1. The Acting Environmental Services Manager (Acting ESM) indicated that the previous ESM had completed the training but acknowledged the home was unable to provide documentation that all housekeeping and cross-trained staff had completed and attested to completing the training content detailed in condition #1.

**Sources:** Home's compliance documents, interviews with staff.

**An Administrative Monetary Penalty (AMP) is being issued on this written  
notification AMP #001****NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #001****Related to Written Notification NC #003**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the

**Ministry of Long-Term Care**

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

**Central East District**

33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

## WRITTEN NOTIFICATION: Conditions of License

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

**Non-compliance with: FLTCA, 2021, s. 104 (4)**

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee has failed to comply with Compliance Order (C.O) #003 from Inspection 2024\_1544\_0003 with a compliance due date of March 31, 2025 as all aspects of the C.O. were not complied.

Specifically, the licensee failed to comply with Conditions # 1, #2 and #3.

1. The ESS or ESM or Executive Director is to Update the home's policies and procedures for housekeeping shortages, including during a confirmed disease outbreak, to indicate which role(s) is responsible for the redeployment of housekeeping staff on shift, and indicate, the priority of each housekeeping role on shift in the redeployment process.
2. Train the home's housekeeping staff (including any staff cross-trained for housekeeping), Registered Nurse's (RN)'s, Schedulers, and Management on the home's updated policies and procedures.
3. Keep a documented record of the training, including the date, training content details, and the names and roles of staff trained. Provide the record to the inspector immediately upon request.

The licensee failed to provide a documented record of training that meets the requirements in Condition #1, specifically on the home's policies and procedures for housekeeping shortages and the redeployment process.

The licensee failed to provide evidence that the staff listed in Condition #2, including housekeeping staff, including any staff cross-trained for housekeeping, Registered Nurses, Schedulers and Managers received training.

The licensee failed to provide a documented record including date, training content details, and

**Ministry of Long-Term Care**

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

**Central East District**

33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

the name and roles of staff trained as required for Condition #3.

The Acting Environmental Services Manager (ESM) indicated that the home communicated the updated policy to by email and acknowledged this did not include the housekeepers and Registered Nurses.

A Registered Nurse (RN) and Housekeeper (HK) indicated that they had not received training on the updated policies on housekeeping shortages.

**Sources:** Home's compliance documents, interviews with staff.

**An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #002**

**NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #002**

**Related to Written Notification NC #004**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the

**Ministry of Long-Term Care**

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

**Central East District**

33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

## **WRITTEN NOTIFICATION: Continence care and bowel management**

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

**Non-compliance with: O. Reg. 246/22, s. 56 (1) 4.**

Continence care and bowel management

s. 56 (1) The continence care and bowel management program must, at a minimum, provide for the following:

4. Strategies to maximize residents' independence, comfort and dignity, including equipment, supplies, devices and assistive aids.

The licensee failed to provide strategies that maximized a resident's independence, comfort and dignity during continence care, specifically when care was provided while the resident was hanging from a mobility device.

**Sources:** Home's investigation notes, interviews with resident and staff.

## **COMPLIANCE ORDER CO #001 Infection prevention and control program**

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

(1) The IPAC lead or their designate will provide face-to-face education to an identified staff member regarding the four moments of hand hygiene. A documented record must be kept, including the name of



**Ministry of Long-Term Care**

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

**Central East District**

33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

the person who provided the education, the date, and the content of the education.

(2) The IPAC Lead or their designate will provide face-to-face education to an identified staff member on the appropriate application of additional precautions for personal protective equipment (PPE). A documented record must be kept, including the name of the person who provided the education, the date, and the content of the education.

(3) The IPAC lead or their designate will conduct daily hand hygiene audits for four weeks. These audits will focus on staff members providing or assisting residents during the snack pass. The audits should include staff from all resident home areas and snack services.

(4) A documented record must be maintained, including the date the audit was completed and the names of the staff members who were audited. On-the-spot education should be provided to any staff member not correctly performing hand hygiene for themselves or the residents. A record of the name of the staff member and the content of the on-the-spot education should be kept available for inspector review upon request.

(5) At the end of the four-week auditing period, the IPAC lead will analyze the audit results to identify any gaps. They will then develop a plan to communicate these identified gaps to the staff and to correct them. A documented record of the communication method should be kept available for inspector review upon request.

**Grounds**

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

In accordance with additional requirement 9.1 (d) under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April, 2022), the licensee has failed to ensure that additional Personal Protective Equipment (PPE) requirements were complied with, including appropriate selection application, removal and disposal.

Specifically, an identified staff member failed to wear a surgical mask while serving food in a dining room at meal service. During a home-wide respiratory outbreak where outbreak control measures in place required application of masks in all resident areas.

Failing to comply with additional PPE requirements including the appropriate application of a surgical mask posed an increased risk of transmission of infection to residents.

**Ministry of Long-Term Care**

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

**Central East District**

33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

**Sources:** Observations, Outbreak control measures Public Health, Interview with staff.

2.The licensee has failed to implement a standard issued by the Director with respect to infection prevention and control.

In accordance to additional requirement 9.1 (b) under the IPAC Standard for Long-Term Care Homes (April, 2022), the licensee has failed to ensure that hand hygiene, including, but not limited to, at the four moments of hand hygiene was followed.

Specifically, an identified staff member did not follow the four moments of hand hygiene while serving snacks to five residents in a specified home area during a home-wide respiratory outbreak declared by Public Health. The identified staff failed to perform hand hygiene between direct contact with residents and after collecting dirty cups. The identified staff member further stated that they forgot to place a portable Alcohol-Based Hand Rub (ABHR) on the nourishment cart and only performed hand hygiene when they remembered, which was inconsistent.

Not following the four moments of hand hygiene increased the risk of residents acquiring infectious diseases and the spread of the respiratory outbreak.

**Sources:** Observations, home's outbreak update, and interview with staff.

**This order must be complied with by July 18, 2025**

**An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #003**

**NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #003**

**Related to Compliance Order CO #001**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$11000.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date

**Ministry of Long-Term Care**

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

**Central East District**

33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

the order under s. 155 was issued, the licensee failed to comply with the same requirement.

This is the second AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

**NOTICE OF RE-INSPECTION FEE** Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021, the licensee is subject to a re-inspection fee of \$500.00 to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

Intake: #00132787 -Follow Up # 2- C.O. #009- O. Reg. 246/22 - s. 78 (6) (b) - under Inspection Report #2024\_1544\_0001

Licensees must not pay a Re-Inspection Fee from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the Re-Inspection Fee.

**Ministry of Long-Term Care**

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

**Central East District**

33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

## 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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

**Ministry of Long-Term Care**

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

**Central East District**

33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

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, 9<sup>th</sup> Floor

**Ministry of Long-Term Care**

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

**Central East District**

33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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](http://www.hsarb.on.ca).