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

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

Public Report

Report Issue Date: August 6, 2025

Inspection Number: 2025-1544-0006

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): July 29 - 31, 2025, and August 1, 5, 6, 2025.

The following intake(s) were inspected:

• An Intake related to follow-up #: 1 - Compliance Order (C.O.) #001- inspection # 2025-1544-0004, with Compliance Due Date (CDD) July 18, 2025.
• An intake related to fall.
• Five intakes related to abuse.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2025-1544-0004 related to O. Reg. 246/22, s. 102 (2)

(b)

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

Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: When reassessment, revision is required

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (10) (b)
Plan of care
s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

A resident experienced multiple falls, occurring both indoors and outdoors; with one of the falls resulting in injury. Although the initial fall occurred in late April 2025, fall prevention strategies were not incorporated into the care plan until late June 2025, approximately two months later. Staff confirmed that aside from a smoking cessation plan, no specific fall prevention interventions were documented in the care plan to address or mitigate the resident's fall risk.

Sources: Residents clinical records, interview with staff.

WRITTEN NOTIFICATION: When reassessment, revision is required

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (10) (c)
Plan of care
s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(c) care set out in the plan has not been effective.

The licensee has failed to ensure that a resident's plan of care was reviewed and revised when care set out in the plan had not been effective. Specifically, following an altercation between two residents. Staff confirmed that only one resident's care plan was revised after the incident, while the other was not. They also acknowledged that the care plan should have been updated.
Sources: Resident clinical records, Interviews with staffs.

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