

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: October 7, 2025

Inspection Number: 2025-1544-0007

Inspection Type:

Complaint
Critical Incident

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): September 16-19, 22-26, 29, 2025, and October 1-3, 6-7, 2025.

The following intake(s) were inspected:

- three intakes related to fall of resident with injury
- a complaint regarding maintenance and laundry
- one intake regarding wound care
- one intake regarding infectious disease outbreak
- one intake regarding staff to resident verbal abuse
- one intake regarding improper care of a resident

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Housekeeping, Laundry and Maintenance Services
- Medication Management
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Pain Management
- Falls Prevention and Management
- Restraints/Personal Assistance Services Devices (PASD) 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) (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; and

1. The licensee has failed to ensure that the Physician provided clear directions to staff when prescribing the order for treatment and monitoring for a resident. A Registered Practical Nurse (RPN) confirmed the physician's direction did not provide clear direction to the resident's plan of care.

Sources: Physician binder, prescriber's order sheet, the resident clinical records, interview with a RPN.

2. The licensee has failed to ensure that there were clear directions to staff for care of a resident after a procedure on two separate occasions. On both occasions an instruction sheet was provided to the licensee. These instructions were not placed in the chart, Electronic Medication Administration Record (eMAR) or Electronic Treatment Administration Record (eTAR).

Sources: Clinical health records, and interview with a RPN.

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (2)

Plan of care

s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

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 licensee has failed to ensure that the care outlined in a resident's plan was based on an assessment and the resident's needs.

Sources: resident clinical health records and interviews with a RPN and the Physiotherapist.

WRITTEN NOTIFICATION: Plan of care

NC #003 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.

1. The licensee has failed to ensure that the care set out in the plan of care was provided to a resident.

Sources: Clinical health records, and resident interview.

2. The licensee has failed to ensure that the care set out for a resident was reassessed as specified in the plan of care.

Sources: the licensee's policies, resident clinical health record and interview with the Director of Care (DOC).

WRITTEN NOTIFICATION: Plan of care

NC #004 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;

The licensee has failed to ensure that a resident was reassessed and the plan of care reviewed and revised when their care needs changed.

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: Clinical records, interview the DOC.

WRITTEN NOTIFICATION: Accommodation services

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

Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee has failed to ensure that handrails in the hallway were maintained in a safe condition and in a good state of repair. Observation and acknowledgement by the Environmental Service Manger (ESM) confirmed repairs were required.

Sources: Observation of handrails in home areas, meeting minutes, and interview with the ESM.

WRITTEN NOTIFICATION: Duty to protect

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

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee has failed to protect a resident from verbal abuse by a Personal Support Worker (PSW).

Sources: The licensee's investigation records and interview with the resident.

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

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

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee has failed to ensure that their policy to promote zero tolerance of abuse and neglect of residents was complied with regarding notification of the police and the Substitute Decision Maker (SDM) and staff immediately reporting allegations of abuse.

Sources: Critical Incident Report (CIR), policy to promote zero tolerance of abuse and neglect of residents, the resident's health records, investigation notes, and an interview with a Resident Care Manager (RCM).

WRITTEN NOTIFICATION: Communication and response system

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 20 (a)

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

The licensee has failed to ensure a resident's call bell was accessible at all times.

Sources: Observation of resident call bell.

WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (a) (ii)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by an authorized person described in subsection (2.1)

(ii) upon any return of the resident from hospital, and

The licensee has failed to ensure that a resident received a skin assessment upon their

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

return from hospital. The DOC confirmed it was not completed.

Sources: a resident's clinical records and interview with the DOC.

WRITTEN NOTIFICATION: Laundry services

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 95 (1) (a) (iii)

Laundry service

s. 95 (1) As part of the organized program of laundry services under clause 19 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,

(a) procedures are developed and implemented to ensure that,

(iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and

The licensee has failed to ensure that procedures were developed and implemented to ensure that the residents' soiled clothes were cleaned and delivered to the residents during a outbreak. The ESM confirmed that during a outbreak when there was increased laundry the residents laundry was not cleaned and delivered in a timely manner.

Sources: Interview with ESM and PSW.

WRITTEN NOTIFICATION: Laundry services

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 95 (1) (b)

Laundry service

s. 95 (1) As part of the organized program of laundry services under clause 19 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,

(b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;

The licensee has failed to ensure that as part of the organized program of laundry services under clause 19 (1) (b) of the Act, that a sufficient supply of face cloths were always available for resident use. Staff confirmed that there were not enough face clothes for resident use.

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: Interview with a PSW and ESM.

WRITTEN NOTIFICATION: Maintenance services

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 96 (1) (b)

Maintenance services

s. 96 (1) As part of the organized program of maintenance services under clause 19 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance.

The licensee has failed to ensure that as part of the organized program of maintenance services that remedial maintenance was completed when a resident's bed brakes were not working properly. Staff confirmed that remedial maintenance on the resident's bed was not completed when it was entered as high priority.

Sources: Work Orders, policies, interview with the Director of Operation, ESM, and Environmental Service Supervisor (ESS).

WRITTEN NOTIFICATION: Maintenance services

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 96 (2) (a)

Maintenance services

s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;

The licensee has failed to ensure that procedures were developed and implemented according to the manufacture's manual to ensure the resident beds were kept in good repair. The ESM confirmed that procedures were not developed and implemented as per the manufactures manual.

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: bed manuals and interview with ESM.

WRITTEN NOTIFICATION: Maintenance services

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 96 (2) (d)

Maintenance services

s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;

The licensee has failed to ensure that procedures were implemented to ensure that a toilet was maintained in good working order. The toilet was observed to be leaking after it had been repaired. The ESM confirmed another work order had not been filed.

Sources: policies, observation, record review of maintenance work order, interview with the ESM.

WRITTEN NOTIFICATION: Infection and prevention and control program

NC #015 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 and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that a standard issued by the Director with respect to Infection Prevention and Control (IPAC) was followed. In accordance with Section 9.1 under the IPAC Standard for Long-Term Care Homes (Sept 2023), the licensee is to ensure that Additional Precautions are followed in the IPAC program, at minimum, Additional Precautions shall include: f) Additional PPE requirements including appropriate selection, application, removal and disposal.

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

A PSW was observed wearing their face mask inappropriately and not washing their hands after doffing their face mask.

Sources: Observations, interview with IPAC Lead.

WRITTEN NOTIFICATION: Reports re critical incidents

NC #016 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 115 (3) 4.

Reports re critical incidents

s. 115 (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):

4. Subject to subsection (4), an incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident's health condition.

The licensee has failed to ensure that the Director was informed no later than one business day after a resident returned back to the home from the hospital with an injury.

Sources: a CIR.

WRITTEN NOTIFICATION: Administration of drugs

NC #017 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 140 (2)

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The licensee has failed to ensure that a resident received their prescribed medication as ordered.

Sources: Progress notes, eTAR, and Prescriber's Orders, and interview with an RN.

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

WRITTEN NOTIFICATION: Administration of drugs

NC #018 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 140 (3) (b) (ii)

Administration of drugs

s. 140 (3) Subject to subsections (4) and (6), the licensee shall ensure that no person administers a drug to a resident in the home unless,

(b) where the administration does not involve the performance of a controlled act under subsection 27 (2) of the Regulated Health Professions Act, 1991, the person is,

(ii) a personal support worker who has received training in the administration of drugs in accordance with written policies and protocols developed under subsection 123 (2), who, in the reasonable opinion of the licensee, has the appropriate skills, knowledge and experience to administer drugs in a long-term care home, who has been assigned to perform the administration by a member of the registered nursing staff of the long-term care home and is under the supervision of that member in accordance with any practice standards and guidelines issued by the College of Nurses of Ontario, and who,
(A) meets the requirements set out in subsection 52 (1) or who is described in subsection 52 (2), or
(B) is an internationally trained nurse who is working as a personal support worker. O. Reg. 66/23, s. 28 (1).

The licensee has failed to ensure that PSWs received training on medication orders and order types. In accordance with FLTCA s. 196 (3), the Training Guideline for Personal Support Workers Administering Drugs in Long-Term Care, dated May 1, 2023, must be complied with. Specifically, the licensee did not comply with the requirement that PSWs be trained before they are eligible to administer medicated topical creams, as outlined in the guideline. The RPN confirmed that PSW's had administered treatment to a resident. The DOC confirmed PSW's working in the home have not been trained to administer a specific treatment.

Sources: eTAR's, and interview with a RPN and the DOC.

COMPLIANCE ORDER CO #001 Required programs

NC #019 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

Required programs

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

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

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

The licensee shall:

1. The Director of Care or Designate shall review and revise the licensee's falls prevention and management policy to ensure it meets the legislative requirements. The directions for registered staff roles and responsibilities and procedures will include clear directions of when to complete a resident's Fall Risk Assessment.

2. Communicate to all registered nursing staff, including agency, and Resident Care Managers on the revised falls prevention policy and maintain a copy of the communication.

3. The Director of Care or Designate shall conduct weekly audits for four weeks of all residents who have fallen. The audits will determine the residents who require further assessment by the multidisciplinary team and that appropriate, individualized strategies to reduce the resident risk for falls were implemented.

4. Keep a documented record of every audit, names of residents and the auditor, and audit completion dates. Include any errors, omissions, corrections, the staffs name who made them and any education provided to that staff member.

Grounds

1. The licensee has failed to ensure that the Falls Preventions and Management Program was followed to reduce the incidence of falls and the risk of injury for resident #007. In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to ensure that there was a Falls Prevention Management Program in place and that this program was complied with.

Specifically, a resident fell and there was a delay in Fall Risk Assessments that were required post fall, and no new interventions or strategies were implemented following a

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

fall. The resident's plan of care did not include the Physiotherapist's recommendations for falls prevention strategies, maintenance balance and mobility interventions to reduce the resident's risk for falls. The Physiotherapist was not made aware of the resident's fall. The Physiotherapist indicated the resident had a change in mobility. A RPN indicated they were not aware of the change.

The resident was at risk of additional falls and injury a referral was not made to the Physiotherapist, and the plan of care did not include new approaches to reduce the resident's risk for falls.

Sources: policies, clinical health records and interviews with RPN, DOC and the Physiotherapist.

2. The licensee has failed to ensure that the Falls Prevention and Management Program to reduce the incidence of falls and the risk of injury was followed. In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that there was a Falls Prevention Management Program in place and that this program was complied with. After a resident has fallen the registered staff were to complete a Falls Risk Assessment on the same shift or as close as possible to the incident. The Falls Risk Assessment was not completed for a resident on the same shift or close to the time of the fall, as per the home's policy. The DOC confirmed the Falls Risk Assessment was not completed at the time of the fall and was not completed until two days later.

When the Falls Risk Assessment was not completed at the time of the fall or as close as possible the resident may have been at risk of further falls.

Sources: policies, resident clinical health records and interview with the DOC.

This order must be complied with by January 15, 2026

COMPLIANCE ORDER CO #002 Skin and wound care

NC #020 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure

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

injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

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

The licensee shall:

1. The Director of Care or Designate will conduct weekly audits for four weeks on two specified Resident Home Areas, of all residents who have an area of altered skin integrity, to ensure they have been assessed by a member of the registered nursing staff using a clinically appropriate assessment instrument.
2. Keep a documented record of every audit, names of residents and the auditor, and audit completion dates. Include any errors, omissions, corrections, the staffs name who made them and any education provided to that staff member.
3. Communicate to all registered staff on a specified Resident Home Area the expectation that a specific alteration in skin integrity require assessment with a clinically appropriate assessment instrument for wounds.

Grounds

1. The licensee has failed to ensure that a resident with altered skin integrity was assessed using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment. A RN and the DOC confirmed the Skin and Wound evaluation note should have been utilized to describe the resident's altered skin integrity and that this had not been done.

There was an increased risk for skin deterioration when the effectiveness of the skin treatment was not evaluated using the clinically appropriate instrument for skin and wound.

Sources: residents clinical health records, policies, and interviews with a RN, and the DOC.

2. The licensee has failed to ensure that a resident's wound was assessed using a

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

clinically appropriate assessment instrument. No assessments were found of the resident's altered skin integrity.

The resident was at risk of complications, including infection, when their altered skin integrity was not evaluated using the clinically appropriate instrument for skin and wound.

Sources: Clinical health records, interview with a RPN.

This order must be complied with by January 15, 2026

COMPLIANCE ORDER CO #003 Skin and wound care

NC #021 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

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

The licensee shall:

1. The Director of Care or Designate will conduct weekly audits for four weeks of all residents on two specified Resident Home Areas who have an area of altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds, to ensure they have received immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required.
2. Keep a documented record of every audit, names of residents and the auditor, and audit completion dates. Include any errors, omissions, corrections, the staff's name who made them and any education provided to that staff member.
3. Communicate to all registered staff on a specified Resident Home Area 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

expectation that PSW's should not complete a specified intervention.

Grounds

1. The licensee has failed to ensure that a resident received immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection when exhibiting altered skin integrity. The resident experienced an alteration in skin integrity. A treatment was ordered by the physician several weeks later. This treatment was not consistently used.

There was a moderate risk to the resident's comfort when there was a delay of the physician being made aware of the resident's altered skin integrity, a delay in treatment and when the clinically appropriate skin assessments were not completed to monitor the resident's skin condition and the effectiveness of the skin treatments.

Sources: clinical health records, and interview with a PSW, RPN, and RN.

2. The licensee has failed to ensure a resident received interventions to promote healing and prevent infection. Registered staff were to provide a treatment to the resident. On several occurrences, PSWs completed the task rather than the nurse despite the task being a controlled act under subsection 27 (2) of the Regulated Health Professions Act, 1991.

In addition, the registered staff failed to ensure that the treatment was completed on several occasions. The resident was at increased risk of infection when the task was not completed and when PSW's performed the task.

Source: clinical health records, interview with a RPN.

3. The licensee has failed to ensure that a resident received immediate interventions to reduce or relieve their pain when the resident was assessed for altered skin integrity and indicated pain. The registered staff failed to follow up to ensure the intervention to reduce or relieve pain was effective. Staff did not notify the physician until the next day of the resident's pain. There was increased risk to the resident's emotional and physical well being when the registered did not assess if the intervention implemented was reducing or relieving the residents pain.

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: clinical records, interview with the DOC.

This order must be complied with by January 15, 2026

COMPLIANCE ORDER CO #004 Pain management

NC #022 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 57 (2)

Pain management

s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The inspector is ordering the licensee to comply with a Compliance Order []:

The licensee shall:

1. Communicate to all registered staff on a specified Resident Home Area the expectation on when to complete the clinically appropriate assessment instrument when a resident's pain is not relieved by the initial interventions.

Grounds

1. The licensee has failed to ensure that a resident's pain was assessed using a clinically appropriate tool when their pain was not relieved by initial interventions.

The resident required breakthrough pain medication on several occasions for pain management. The resident received routine pain medication and frequently received as needed pain medication due to high pain scores. The pain medication was not always effective. A PSW and the Physiotherapist reported the resident's pain was severe at times. The DOC confirmed a clinically appropriate tool to assess the resident's pain should have been completed when the resident's had high pain scores.

The resident experienced ongoing pain and the failure to assess the resident's pain when not relieved by initial interventions using a clinically appropriate assessment instrument presented a risk of overlooking aspects crucial to the resident's comfort.

Sources: clinical health records, policies, and interview with PSW, the PT, and 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

DOC.

2. The licensee has failed to ensure that a resident pain was assessed using a clinically appropriate tool when their pain was not relieved by initial interventions. The DOC confirmed that the clinically appropriate tool was not completed when initial interventions did not relieve the residents pain.

Sources: clinical health records, policies, and interview with the DOC.

This order must be complied with by January 15, 2026

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, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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

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 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, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: 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.



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

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

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