

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

Ottawa District  
347 Preston Street, Suite 410  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559

## Public Report

**Report Issue Date:** February 11, 2025

**Inspection Number:** 2025-1545-0001

**Inspection Type:**  
Critical Incident

**Licensee:** The Corporation of the County of Frontenac

**Long Term Care Home and City:** Fairmount Home for the Aged, Glenburnie

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 4, 6, 7, 10, 11, 2025

The following intake(s) were inspected:

- Intake: #00134457 and Intake: #00138363 was related to alleged abuse of resident by resident.

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

Infection Prevention and Control  
Prevention of Abuse and Neglect  
Responsive Behaviours

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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**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.

The licensee has failed to ensure that a resident's written plan of care was based on the needs of the resident.

Sources: resident's care plan and progress notes; and interviews with staff.

**WRITTEN NOTIFICATION: Policy to promote zero tolerance**

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

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

Policy to promote zero tolerance

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 Residents-Zero Tolerance for Resident Abuse and Neglect policy was complied with on a day in January 2025, and registered staff failed to contact the Ministry After-Hours pager.

Sources: residents' progress notes; Critical Incident report; Residents-Zero Tolerance for Resident Abuse and Neglect policy; and interview with staff.

**WRITTEN NOTIFICATION: Reporting certain matters to  
Director**

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

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**Non-compliance with: FLTCA, 2021, s. 28 (1) 2.**

Reporting certain matters to Director

s. 28(1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to report an incident of alleged abuse, that occurred on a day in October 2024.

Sources: resident's progress notes; and interview with staff.

The licensee has failed to immediately report alleged abuse to the Director, on a day in January 2025.

Sources: residents' progress notes, Critical Incident (CI) report; Residents-Zero Tolerance for Resident Abuse and Neglect policy; and interviews with staff.