

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: October 23, 2025

Inspection Number: 2025-1545-0006

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): October 16-17, 20-22, 2025

The following intake(s) were inspected:

- Intake: #00151968 - CI #M521-000032-25; Intake: #00156951 - CI #M521-000043-25 - Fall of resident with injury

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

Falls Prevention and Management

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 (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 licensee has failed to ensure that the care set out in a resident's plan of care related to falls prevention and management was provided as specified in the plan.

On a day in September, 2025, a resident fell and sustained an injury. The resident's care plan was revised to include the addition of a specified falls prevention device. On a day in October, 2025, the resident was observed without this device in place.

Sources: A resident's care plan on PointClickCare (PCC), Inspector's observations, and interviews with a Personal Support Worker (PSW), a Registered Practical Nurse (RPN), and an Assistant Director of Care (ADOC).

WRITTEN NOTIFICATION: Required programs

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

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

Required programs

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 licensee has failed to comply with the licensee's Fall Risk Assessment policy for two residents.

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In accordance with O. Reg. 246/22, s. 11 (1) b, the licensee is required to ensure that their written policy related to falls prevention and management is complied with.

Specifically, the licensee's Fall Risk Assessment policy indicated that the fall risk assessment utilizing the Scott Fall Risk Screen in PointClickCare (PCC) 'Assmnts' tab is to be completed annually according to the RAI-MDS 2.0 schedule. This policy was not complied with when a resident's last annual RAI-MDS assessment was completed on a day in March, 2025 and their last fall risk screen was completed on a day in March, 2024. This policy was not complied with when another resident's last annual RAI-MDS assessment was completed on a day in December, 2024 and their last annual fall risk screen was completed on a day in January, 2024.

Sources: Residents' RAI-MDS annual assessments in PCC, Scott Fall Risk Screen assessments in PCC, the licensee's 'Fall Risk Assessment' policy #FALLS-02, revised on January 10, 2024, and an interview with an ADOC.

WRITTEN NOTIFICATION: Falls prevention and management

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

Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee has failed to comply with the licensee's Assessment and Treatment Protocol for Head Injuries policy for a resident.

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In accordance with O. Reg. 246/22, s. 11 (1) b, the licensee is required to ensure that their written policy related to falls prevention and management is complied with.

Specifically, the licensee's policy regarding completion of head injury routine (HIR) was not complied with. The policy indicated that HIR is to be conducted every hour for four hours, and then every four hours for 24 hours following a fall involving injury to the resident's head. A resident was placed on HIR monitoring for a witnessed fall with head injury on a day in July, 2025; which required subsequent transfer to hospital. The resident returned to the home on the same day in July, 2025, however HIR for the resident was not completed for a period of time between two days in July, 2025.

Sources: A resident's progress notes in PCC, a resident's HIR assessment, the licensee's 'Assessment and Treatment Protocol for Head Injuries' policy #FALLS-01, revised on August 26, 2024, and an interview with an RPN and an ADOC.