

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

**Central West District**  
609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901

**Original Public Report**

<b>Report Issue Date:</b> June 14, 2023	
<b>Inspection Number:</b> 2023-1491-0003	
<b>Inspection Type:</b> Proactive Compliance Inspection	
<b>Licensee:</b> Fairview Mennonite Homes	
<b>Long Term Care Home and City:</b> Fairview Mennonite Home, Cambridge	
<b>Lead Inspector</b> April Racpan (218)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Helene Desabrais (615)	

**INSPECTION SUMMARY**

The inspection occurred onsite on the following dates: June 5-9 and 12, 2023

The following intake was inspected:

- Intake #00089126 - Proactive Compliance Inspection

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Medication Management
- Food, Nutrition and Hydration
- Residents’ and Family Councils
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Quality Improvement
- Residents’ Rights and Choices

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Pain Management  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: RESIDENT AND FAMILY/CAREGIVER EXPERIENCE SURVEY

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

Non-compliance with FLTCA, 2021 s. 43 (1).

The licensee has failed to ensure that, unless otherwise directed by the Minister, at least once in every year a survey is taken of the residents, their families and caregivers to measure their experience with the home and the care, services, programs and goods provided at the home.

#### Rationale and Summary

An experience survey was not provided to families and caregivers in 2022. The annual survey was not completed since 2021.

When the home did not provide the families and caregivers an annual survey, there was no information captured related to the families' and caregivers' experiences for 2022. This could have delayed the home's response in addressing any resident care concerns at the home.

Sources: Family Satisfaction Survey records, interviews with the Executive Director (ED) and the Director of Care (DOC).

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### WRITTEN NOTIFICATION: RESIDENT AND FAMILY/CAREGIVER EXPERIENCE SURVEY

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

Non-compliance with FLTCA, 2021 s. 43 (4).

The licensee has failed to ensure that they sought the advice of the Residents' Council (RC) in carrying

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out the survey and in acting on its results.

### Rationale and Summary

A resident satisfaction survey was completed in May 2022, but the RC was not previously consulted about their advice in carrying out the survey questions. On September 2022, the survey results were shared in the RC's monthly meeting but there was no information provided by the home related to the actions taken to respond to the survey results.

The resident satisfaction survey did not serve its purpose of meeting the legislative requirements because the RC was not consulted in carrying out the survey, the results of the survey were not analyzed, and an action plan was not developed to address any concerns identified from the survey.

Sources: RC meeting minutes (September, 2022), Resident satisfaction survey 2022, interviews with the RC and ED.

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## WRITTEN NOTIFICATION: CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT

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

Non-compliance with O. Reg. 246/22 s. 168 (6) (b).

The licensee has failed to ensure that the continuous quality initiative (CQI) interim report prepared under subsection (5) was provided to the Family Council.

### Rationale and Summary

As per the O. Reg. 246/22, s. 168 subsection (5) states that the home shall prepare a CQI interim report for the 2022-2023 fiscal year.

The home's CQI interim report was prepared on July 2022.

The home had established a Family Council (FC) in January 2023. Despite having completed monthly FC meetings with the home from February – April 2023, they were not provided with a copy of the CQI interim report.

Not providing the FC with a copy of the home's CQI interim report for the 2022-2023 fiscal year could

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have impacted the FC's role and responsibilities to respond to the home's CQI plans.

Sources: home's CQI interim report 2022/2023, FC meeting minutes (February – April 2023), interviews with the FC President, CQI Lead and ED.

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