

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

Public Report

Report Issue Date: October 21, 2025
Inspection Number: 2025-1018-0003
Inspection Type: Complaint
Licensee: ATK Care Inc.
Long Term Care Home and City: The Fordwich Village Nursing Home, Fordwich

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 24 - 26, 29, 2025 and October 1, 2, 7, 8, 15 - 17, 20, 21, 2025.

The inspection occurred offsite on the following date(s): October 3, 9, 14, 2025

The following intake(s) were inspected:

-Intake: #00156611 - Multiple concerns related to care of a resident

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

- Skin and Wound Prevention and Management
- Medication Management
- Infection Prevention and Control
- Whistle-blowing Protection and Retaliation
- Reporting and Complaints
- Pain Management

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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 (4) (b)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

The licensee has failed to ensure that the staff and others involved in the different aspects of care of a resident collaborated with each other in the development of the plan of care.

Sources: residents' clinical health records; review of the home's policy and interview with staff.

WRITTEN NOTIFICATION: Reporting

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

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the

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format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The licensee has failed to immediately forward to the Director any written complaint that it received concerning the care of a resident or the operation of a long-term care home.

Sources: Review of the resident's medical records, review communication records and interview with staff.

WRITTEN NOTIFICATION: Policies, etc., to be followed, and records

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

Non-compliance with: O. Reg. 246/22, s. 11 (2)

Policies, etc., to be followed, and records

s. 11 (2) Where the Act or this Regulation requires the licensee to keep a record, the licensee shall ensure that the record is kept in a readable and useable format that allows a complete copy of the record to be readily produced.

The licensee failed to ensure that records related to multiple policies were maintained in a usable format for staff.

Sources: Review of the home's multiple program policies and interview with staff.

WRITTEN NOTIFICATION: Required Programs

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: O. Reg. 246/22, s. 53 (1) 2.

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:

2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure injuries, and provide effective skin and wound care interventions.

The licensee has failed to comply with skin and wound care program to promote skin integrity.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee was required to ensure that the written policies developed for skin and wound care program were complied with.

Sources: Medical record review of the resident, electronic communication records, review of Skin and Wound Program: Prevention of Skin Breakdown Policy , interview with staff.

WRITTEN NOTIFICATION: Required programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.

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:

4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

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The licensee has failed to ensure that comprehensive pain assessments were completed for a resident as per the home's Pain Identification and Management Policy.

Sources: Medical record review of the resident, electronic communication records, review of Pain Identification and Management Policy , interview with staff.

WRITTEN NOTIFICATION: Skin and wound care

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

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 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 licensee has failed to ensure that a resident who exhibited altered skin integrity, received an assessment using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

Sources: Medical record review of the resident, electronic communication records, review of Skin and Wound Program: Prevention of Skin Breakdown Policy, interview with staff.

WRITTEN NOTIFICATION: Infection Prevention and Control

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Program

NC #007 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 the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

In accordance with Additional Requirement 9.1 (b) and (g) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that staff members followed routine practices for conducting hand hygiene using an alcohol-based hand rub and modified or enhanced environmental cleaning procedures for a resident with additional precaution requirement.

Sources: Observations, interview with staff, review of the home's IPAC policy.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

Non-compliance with: O. Reg. 246/22, s. 102 (11) (a)

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Infection prevention and control program

s. 102 (11) The licensee shall ensure that there are in place,

(a) an outbreak management system for detecting, managing, and controlling infectious disease outbreaks, including defined staff responsibilities, reporting protocols based on requirements under the Health Protection and Promotion Act, communication plans, and protocols for receiving and responding to health alerts; and

The licensee failed to ensure that outbreak management reporting protocols were followed, based on requirements under the Health Protection and Promotion Act.

Sources: Interviews with the home's acting IPAC lead, electronic charting system, communication record with Public Health Nurse.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

Non-compliance with: O. Reg. 246/22, s. 102 (15) 1.

Infection prevention and control program

s. 102 (15) Subject to subsection (16), every licensee of a long-term care home shall ensure that the infection prevention and control lead designated under this section works regularly in that position on site at the home for the following amount of time per week:

1. In a home with a licensed bed capacity of 69 beds or fewer, at least 17.5 hours per

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week.

The licensee failed to ensure that the infection prevention and control (IPAC) lead worked the required 17.5 hours per week.

Sources: Staff schedule, interviews with acting IPAC lead and IPAC assistant.

WRITTEN NOTIFICATION: Dealing with complaints

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

Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. i.

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

3. The response provided to a person who made a complaint shall include,
 - i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

The licensee has failed to provide the Ministry of Long Term Care's toll-free telephone number and the contact information for the Patient Ombudsman, following complaints made by a resident's Substitute Decision Maker (SDM) regarding the resident's care.

Sources: Review of a resident's medical records, review of communication records and interview with staff.

WRITTEN NOTIFICATION: Dealing with complaints

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

Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. iii.

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

3. The response provided to a person who made a complaint shall include,
iii. if the licensee was required to immediately forward the complaint to the Director under clause 26 (1) (c) of the Act, confirmation that the licensee did so.

The licensee has failed to ensure that their response to a complaint from a resident's SDM included the confirmation that their complaint had been forwarded to the Director.

Sources: Review of the resident's medical records, review of communications records and interview with staff.

WRITTEN NOTIFICATION: Administration of drugs

NC #012 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 prescription drug was administered to a resident in accordance with the directions for use specified by the prescriber.

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Sources: Medical record review of the resident, electronic communication records, review of Processing Medication Orders Policy, interview with staff.