

Ministry of Long-Term Care

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

North District

159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Public Report

Report Issue Date: June 4, 2025

Inspection Number: 2025-1549-0004

Inspection Type:

Critical Incident

Licensee: Corporation of the County of Simcoe

Long Term Care Home and City: Georgian Manor Home for the Aged,
Penetanguishene

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 26-30, 2025.

The following intake(s) were inspected:

- Two Intakes, regarding resident falls resulting in injury;
- Two Intakes, related to resident-to-resident abuse; and,
- Intake, related to an allegation of Improper/incompetent care of a resident by staff.

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

Responsive Behaviours
Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

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Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

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 when there had been a change to three resident's care needs, that the plan of care was revised.

(a) A resident's plan of care indicated the resident was to have a specific intervention for a specified time; however, there had been a change to the intervention, and the plan of care was not revised until identified by the Inspector.

Sources: Critical Incident (CI) report; Inspector's observations; a resident's health care records; and Interviews with direct care and registered staff, and the Administrator.

Date Remedy Implemented: May 28, 2025.

(b) Two residents had interventions added to their plan of care and the intervention remained in place at the time of the inspection; however, direct care and registered staff recalled the interventions being not effective for one of the residents and the other had not required the intervention at all times. The resident's plan of care

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were revised to reflect their current needs.

Sources: Inspector observations; plan of care for two residents; and interviews with direct care, and other staff.

Date Remedy Implemented: May 29, 2025.

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #002 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.

The licensee has failed to ensure that the care set out in a resident's plan of care was provided to the resident as specified in the plan.

The plan of care at the time of the inspection indicated that the resident was to have specific interventions in place at required times. On two separate occasions, the Inspector observed the resident with the specific interventions not in place, at the required times, as indicated. in their plan of care.

Sources: Inspector observations; plan of care for a resident; and, interviews with Director of Resident Care (DRC), and other staff.

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

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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 home's falls prevention and management program related to the post incident management for two residents.

In accordance with Ontario Regulation (O. Reg) 246/22, s. 11 (1) (b), the licensee was required to ensure policies and protocols were developed for the falls prevention and management program, and ensure they were complied with.

Specifically, staff did not comply with the licensee's "Fall Management Program" policy, when they failed to complete the specified intervention following the two resident's sustaining falls.

Sources: Health records for a resident; the home's policy titled, Fall Management Program; and interviews with registered staff, and the DRC.

WRITTEN NOTIFICATION: Skin and wound care

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

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 licensee has failed to comply with the home's skin care program related to the policy for assessments and referrals for a resident.

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

Specifically, staff did not comply with the licensee's "Skin Care Program" policy, when they failed to ensure a referral was completed, and the resident was not assessed within the required time following a fall.

Sources: Health files for a resident; the home's policy titled, "Skin Care Program"

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policy; and, interviews with registered staff, and the DRC.

WRITTEN NOTIFICATION: Responsive Behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(b) strategies are developed and implemented to respond to these behaviours, where possible.

The licensee has failed to ensure that the strategies developed for a resident were implemented when they had exhibited responsive behaviours.

There had been an interaction between two residents, which resulted in a specific intervention to be implemented for a specified time. The Inspector observed the resident to not have the specific intervention in place when it was required.

Sources: CI report; Inspector's observation; a resident's health care records; internal investigation notes; and interviews with direct care staff, and DRCs.

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