

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report**Report Issue Date:** July 14, 2025**Inspection Number:** 2025-1560-0004**Inspection Type:**

Complaint
Critical Incident

Licensee: Corporation of the County of Huron**Long Term Care Home and City:** Huronview Home for the Aged, Clinton**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): July 7-10, 14, 2025

The following intake(s) were inspected:

- Critical Incident (CI) M541-000013-25 related to a fall of a resident
- Complaint related to temperatures in the home

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

Safe and Secure Home
Falls Prevention and Management

INSPECTION RESULTS**WRITTEN NOTIFICATION: Plan of Care**

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (c)

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,
(c) care set out in the plan has not been effective.

The licensee failed to ensure that when falls prevention interventions for a resident were not effective, the resident's plan of care was reviewed and revised. The resident sustained several falls between January and June, 2025, during which time there was no documentation to indicate that any new falls prevention interventions had been trialed.

Sources: Staff interviews and review of resident clinical record.

WRITTEN NOTIFICATION: Cooling Requirements

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

Non-compliance with: O. Reg. 246/22, s. 23 (4) (a)

Cooling requirements

s. 23 (4) The heat related illness prevention and management plan for the home shall be implemented by the licensee every year during the period from May 15 to September 15 and it shall also be implemented,
(a) any day on which the outside temperature forecasted by Environment and Climate Change Canada for the area in which the home is located is 26 degrees Celsius or above at any point during the day;

The licensee failed to ensure that the home's Heat-Related Illness Prevention and Management Plan was implemented throughout the home on a day between May

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15 and September 15 when the forecasted outdoor temperature was 26°C or higher at any point during the day.

Specifically, the home did not implement the policy on June 22 and 23, 2025, despite Environment Canada forecasting temperatures above 26°C. Recorded outdoor temperatures on those dates ranged from 26°C to 32°C.

The licensee's policy, titled "Heat-Related Illness Prevention & Management Plan," outlined that when such temperatures are forecasted, staff were to take proactive measures to monitor and respond to residents' individual needs to prevent heat-related illness. These measures were intended to reduce the risk of heat-related health issues and alleviate resident discomfort. Failure to implement the policy on the identified dates represented a lapse in the home's responsibility to safeguard resident well-being during periods of extreme heat.

Sources: Interviews with staff, Policy Heat-Related Illness Prevention & Management Plan effective May 2025, Environment and Climate Change Canada Data Report for June 22 and 23, 2025.

WRITTEN NOTIFICATION: Air temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (2) 3.

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

3. Every designated cooling area, if there are any in the home.

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The licensee failed to ensure that temperatures were measured and documented in writing for each designated cooling area, as required by legislation.

A review of the home's daily temperature logs revealed that the designated cooling areas, specifically, the large dining room on Unit A and the small dining room on Unit B, were not being monitored in accordance with legislative requirements. The Director of Care (DOC) confirmed that temperatures in these areas had not been measured or recorded between May 15, 2025 and July 9, 2025.

Sources: Staff interviews; home's temperature logs for May–July 2025.

WRITTEN NOTIFICATION: Required Programs

NC #004 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 failed to comply with the Falls Prevention and Management Program in the home for the Head Injury Routine (HIR) and notifying the physician post fall for a resident.

In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee was required to ensure the Falls Prevention & Management policies were complied with as a part of the Falls Prevention and Management Program.

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A) The home policy Falls Prevention and Management Program Policy outlined that Registered Nursing Staff were to notify the attending physician, resident and/or Substitute Decision Maker (SDM) of the fall, interventions and the status of the resident.

A resident sustained a fall in June, 2025 and as confirmed by the IPAC/DOC, the physician was not notified of the fall.

B) The home policy Head Injury Routine (HIR) Policy outlined that the HIR would be initiated on any resident after any unwitnessed fall. The HIR included monitoring of vitals/symptoms and directed registered staff to complete the HIR initially at the time of the event, then every four hours x 2, then every shift x 3 (do not wake resident to complete) for a total of 6 times. The Director confirmed that the HIR was not completed as required.

A resident sustained two falls and the HIR was not completed as per the policy.

Sources: Staff interviews and review of resident clinical record, policies Falls Prevention and Management Program and HIR.

WRITTEN NOTIFICATION: Required Programs

NC #005 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,

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

A resident sustained a fall and suffered a skin abrasion. A skin assessment was not completed for the abrasion as confirmed by the Director.

Sources: Staff interviews and review of resident clinical record.