

**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

## Amended Public Report Cover Sheet (A1)

<b>Amended Report Issue Date:</b> May 17, 2023	
<b>Original Report Issue Date:</b> April 24, 2023	
<b>Inspection Number:</b> 2023-1087-0002 (A1)	
<b>Inspection Type:</b> Complaint Follow up	
<b>Licensee:</b> 2063414 Ontario Limited as General Partner of 2063414 Investment LP	
<b>Long Term Care Home and City:</b> Fox Ridge Care Community, Brantford	
<b>Amended By</b> Erin Denton-O’Neill (740861)	<b>Director who Amended Digital Signature</b>

## AMENDED INSPECTION SUMMARY

This licensee inspection report has been revised to reflect an extension of compliance due dates to May 31, 2023 at the request of the home for Compliance Order (CO) #1, CO #2 and CO #3, to add a date to Written Notification #001 and to add the legislative reference, policy: O. Reg 246/22 s. 11 (1) (b) to the grounds of CO #3 and the language reflecting the change.

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<b>Long Term Care Home and City:</b> Fox Ridge Care Community, Brantford	
<b>Lead Inspector</b> Erin Denton-O’Neill (740861)	<b>Additional Inspector(s)</b> Yuliya Fedotova (632)
<b>Amended By</b> Erin Denton-O’Neill (740861)	<b>Inspector who Amended Digital Signature</b>

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## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 6-9, 13-16, 20-24, 27-31, 2023  
The inspection occurred offsite on the following date(s): March 10, 17, 2023 and April 3, 2023

The following intake(s) were inspected:

Intake: #00001912 – related to a skin and wound prevention and management  
Intake: #00003983 – related to food, nutrition and hydration  
Intake: #00004506 – related to Residents’ and Family Councils  
Intake: #00020362 – related to resident care and support services

The following follow-up intake(s) were inspected:

Intake: #00022168 - Follow-up to CO #001 from inspection 2022-1087-0001 regarding FLTCA, 2021 s.184 (3) CDD February 21,2023-Minister's Directive: Glucagon, Severe Hypoglycemia, and Unresponsive Hypoglycemia

Intake # 00084727- Follow-up to CO #001 from inspection # 2022-956723-0004. 101 (4) issued under O. Reg. 79/10 s. 229 (4)-IPAC Implementation CDD April 29, 2022

## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2022-1087-0001 related to FLTCA, 2021, s. 184 (3) inspected by Erin Denton-O’Neill (740861)

Order #001 from inspection #2022-956723-0004, s. 101 (4) issued under O. Reg. 79/10 s. 229 (4) inspected by Erin Denton-O’Neill (740861)

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

- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Residents’ and Family Councils
- Medication Management
- Infection Prevention and Control

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## AMENDED INSPECTION RESULTS

### WRITTEN NOTIFICATION: #001 Substitute Decision Maker involvement

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

**Non-compliance with:** FLTCA, 2021, s. 6 (5)

The licensee has failed to ensure that the resident's substitute decision-maker (SDM), if any, and any other persons designated by the resident were given an opportunity to participate fully in the development and implementation of the resident's plan of care, when the resident was assessed resulting in a change of their plan of care and when the SDM was not notified of a deteriorating wound. On April 11, 2022, the Fixing Long-Term Care Act, 2021 (FLTCA) and O. Reg. 246/22 came into force, which repealed and replaced the Long-Term Care Homes Act, 2007 (LTCHA) and O. Reg. 79/10 under the LTCHA.

As set out below, the licensee's non-compliance with the applicable requirement occurred prior to April 11, 2022, where the requirement was under s. 6 (5) under LTCHA. Non-compliance with the applicable requirement also occurred after April 11, 2022, which falls under s. 6 (5) under the FLTCA.

#### **Rationale and Summary:**

A) On a day in February 2023, a resident's Substitute Decision Maker (SDM) expressed a concern to the Ministry of Long-Term Care (MLTC) about the communication from the home regarding the resident's care. The resident had been ordered an assessment and test related to a suspected diagnosis, based on the Nurse Practitioner (NP) assessment. The resident's plan of care documentation did not contain information that the resident's SDM and any other persons, designated by the resident, were informed by the home about the result of the assessment and a plan. A staff indicated that the SDM was to be informed about the new orders and it was to be documented in the progress notes, which was confirmed by the Quality/Assistant Director of Care (ADOC)/Wound Care Lead.

**Sources:** Progress notes, Digital Prescriber's Orders, physician's, and nursing communication books; interviews with staff.

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B) Another resident's SDM was not informed of the deterioration of their wound during the month of

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January 2022. Progress notes and assessments for a resident identified that the resident's SDM was not notified when the resident had a deterioration in a wound, which was confirmed by two staff members. By not notifying the SDM they were not able to make informative decisions when participating in the development and implementation of the resident's plan of care.

Sources: Resident's progress notes and Skin and Wound Evaluations from November 27, 2021- February 10, 2022; Interviews with staff and complainant [740861]

## WRITTEN NOTIFICATION #002: General Requirements - Documentation

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

**Non-compliance with:** O. Reg. 246/22, s. 34 (2)

The licensee has failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions, and the resident's responses to interventions were documented.

**Rationale and Summary:**

A resident's plan of care indicated a specific food texture and fluid consistency. Progress notes indicated that on two days in February 2023, the resident's family provided food that did not meet the consistency indicated in the plan of care, which was confirmed by two staff members who indicated that the family were educated about the risk to the resident and the family agreed to that. There was no documentation in the resident's plan of care that their family were informed about risks to the resident. The Quality Lead/ADOC indicated that a discussion with the family about provision of food items contrary to the resident's nutritional plan of care were to be documented in the resident's progress notes.

**Sources:** Resident's Digital Prescriber's Orders, progress notes, care plan, BCHS External Transfer Report; interviews with staff.

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## COMPLIANCE ORDER CO #001 Skin and Wound Care Assessments

**NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.**

**Non-compliance with:** O. Reg. 79/10, s. 50 (2) (b) (iv)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:  
The licensee shall:

- Perform weekly audits on all skin and wound assessments for 4 weeks.
- Document the audits and actions made based on audit results.
- Provide education to all RN's and RPN's related to the requirement to complete weekly skin and wound assessments.

**Grounds:**

The licensee has failed to ensure that a resident's wound was reassessed weekly.

**Rationale and Summary:**

A resident who had diabetes and a wound did not have an assessment in relation to their wound completed for four weeks. Treatment of the wound was stopped on a date in January 2022, because there was no assessment. An assessment two weeks later, indicated that the wound had worsened. The resident went to the hospital 14 days later and had a significant change in their condition as a result of the wound deterioration. The DOC and two staff members confirmed that it is an expectation that skin and wound evaluations be completed weekly. A staff confirmed that there was no wound assessment completed or rounds with the skin and wound coordinator between December 21, 2021, and January 19, 2022. The absence of weekly assessments and treatment for may have contributed to the significant impact to the resident.

**Sources:** Skin & Wound Care Management Protocol – Skin & Wound App, VII-G-10.92 last revised November 2021-11667634; Interviews with staff; resident's progress notes, plan of care, treatment administration record, skin and wound evaluations on PCC and assessment history.  
[740861]

**This order must be complied with by: May 31, 2023**

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## COMPLIANCE ORDER CO #002 Plan of Care

**NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.**

**Non-compliance with:** FLTCA, 2021, s. 6 (7)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

- Educate registered staff on the Return from Hospital Checklist related to updates for nutritional formulas in residents' electronic Medication Records (eMAR).
- Audit registered staff documentation in eMAR related to updates for nutritional formulas for three weeks or until compliance is achieved.
- The home to document registered staff training and audit results with a date and name of staff completed training and audit.

**Grounds:**

The licensee has failed to ensure that nutrition formula ordered on February 18, 2023, was provided to a resident as specified in their plan of care.

**Rationale and Summary:**

A resident's plan of care indicated poor food intake for three days pre-hospitalization and two days post-hospitalization in February 2023. The resident was hospitalized for nine days. The resident returned from hospital and was ordered a nutritional supplement two days later. Medication Records indicated that the supplement started to be administered to the resident two days after it was ordered. There was no indication in progress notes that the supplement was administered before that. The Return from Hospital Checklist indicated that on day one the home's staff to update the medication administration record (MAR) with new medication orders. The ADOC indicated that once the supplement was ordered, it was to be entered in the MAR and started the next day. There was a potential high impact on the resident's health status, since the resident had poor food intake. The resident was at potential high risk of malnutrition as nutrition formula was provided one day later than it was ordered by the RD.

**Sources:** Resident's Digital Prescriber's Orders, eMAR, progress notes, The Return from Hospital Checklist; interview with the ADOC.

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**This order must be complied with by: May 31, 2023**

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## COMPLIANCE ORDER CO #003 Management of Medication System

**NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.**

**Non-compliance with:** O. Reg. 246/22, s. 123 (3) (a)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:  
The licensee shall:

- To implement the Return from Hospital Checklist.
- Educate registered staff in the home on the process included in the Return from Hospital Checklist.
- Audit the registered staff implementation the Return from Hospital Checklist for three weeks or until compliance is achieved.
- To keep documentation records on registered staff education and auditing, including dates and names.

### Grounds:

The licensee has failed to comply with the home's Medication Management System in relation to processing new orders for a resident.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee was required that there was a Medication Management System and must be complied with.

### Rationale and Summary:

A) Specifically, staff did not comply with the Return from Hospital Checklist, which was included in the Medication Management System.

On a day in February 2023, at 0120 hours (hrs) a resident returned from hospital with an order for an antibiotic orally two times a day for seven days. The first dose of the antibiotic was administered at the hospital to the resident. A progress note the following day, indicated that the order was not processed and the resident missed two doses. The Prescriber's Orders dated the following day, at 2345 hrs for the resident was for an immediate administration of an antibiotic and if resident refused or spit the medication out an antibiotic by injection. The medication administration record (MAR) indicated that the immediate antibiotic dose, orally was administered to the resident on the next day, at 0129 hrs. The Return from Hospital Checklist indicated that the home's staff were to notify the Physician/Nurse Practitioner on day one to confirm new orders and to update the MAR with new medication orders once a resident was admitted from the hospital. A staff indicated that medication orders were to be updated right away, once a resident came back from the hospital but in the case of this resident it did not occur. The impact to the resident was potentially high, since the resident's condition declined, and they were hospitalized on two days after the antibiotic was started. The risk to the resident was high, since the resident's infection was left untreated for one day.



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**Sources:** Resident's Digital Prescriber's Orders, eMAR, progress notes, the Return from Hospital Checklist; interview with staff

B) Specifically, staff did not comply with the Medication Reconciliation Policy, which was included in the Medication Management System.

The Order Intervention Set for Residents at End of Life in Long-Term Care (LTC) form included the three medication orders by injection if needed for a resident. The MAR for February and March 2023 did not include these medications. The Medication Reconciliation Policy directed registered staff that when a new order was received for a resident, the resident's record was to be updated to ensure the MAR and chart was accurate and up to date. The ADOC indicated that staff was to refer to the MAR for medications to be administered to the resident and all medications were to be entered into the MAR for the order.

**Sources:** eMAR, progress notes, the Order Intervention Set for Residents at End of Life in LTC, the Medication Reconciliation Policy and the Pharmacy User Manual: How to Enter New Order; interview with the ADOC.

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**This order must be complied with by May 31, 2023**

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## REVIEW/APPEAL INFORMATION

### TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

#### Director

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).