

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: May 15, 2025

Inspection Number: 2025-1087-0002

Inspection Type:

Proactive Compliance Inspection

Licensee: 2063414 Ontario Limited as General Partner of 2063414 Investment LP

Long Term Care Home and City: Fox Ridge Community, Brantford

INSPECTION SUMMARY

The inspection occurred onsite on the following dates April 9 - 11, 14 - 17, 24, 25, 29, 30 and May 1, 2, 5 - 8 and 13, 2025

The inspection occurred offsite on the following dates: April 22, 23 and May 12, 14 and 15, 2025

The following intake was inspected:

- Intake: #00144533 - Proactive Compliance Inspection (PCI)

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

Food, Nutrition and Hydration
Medication Management
Safe and Secure Home
Quality Improvement
Pain Management
Skin and Wound Prevention and Management
Resident Care and Support Services

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Residents' and Family Councils
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Residents' Rights and Choices

INSPECTION RESULTS

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. 19 (2) (c)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee has failed to ensure that flooring, a resident bathroom and a radiator were in a good state of repair, as was observed by the Inspectors. All areas were repaired by the home.

Sources: Observations, Maintenance Cares tasks and interviews with staff.

Date Remedy Implemented: April 30, 2025

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NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 97

Hazardous substances

s. 97. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times.

The licensee has failed to ensure that hazardous chemicals were inaccessible to residents in a resident home area. The chemicals were made inaccessible to residents after being brought to the home's attention by the Inspector.

Sources: Observations, Safety Data Sheet and interviews with staff.

Date Remedy Implemented: April 9, 2025

WRITTEN NOTIFICATION: Accommodation Services

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

Non-compliance with: FLTCA, 2021, s. 19 (2) (a)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;

The licensee has failed to ensure that the home was kept clean and sanitary, when the Inspector observed unclean and unsanitary conditions throughout areas of the home.

Sources: Observations, Housekeeping Daily Tasks and interviews with staff.

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WRITTEN NOTIFICATION: Accommodation Services

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

Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee has failed to ensure that the home was maintained in a safe condition and in a good state of repair, when the Inspector observed varied states of disrepair on each resident home area.

Sources: Observations, Maintenance Cares tasks, the home's Maintenance Daily Routines, the home's "Preventative Maintenance Program" and interviews with resident and staff.

WRITTEN NOTIFICATION: Doors in a Home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. i.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
 - i. kept closed and locked,

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The licensee has failed to ensure that doors leading to the outside of the home were kept locked, when Inspectors noted that a door leading to an unsecure outside area of the home was unlocked.

Sources: Observations and interviews with staff.

WRITTEN NOTIFICATION: Doors in a Home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure that doors leading to non-residential areas were equipped with locks to restrict unsupervised access to those areas by residents, and those doors were kept closed and locked when they were not being supervised by staff.

On three separate dates, Inspectors observed doors leading to non-resident areas, within resident home areas, which were not closed and locked as required.

Sources: Observations and interviews with staff.

WRITTEN NOTIFICATION: Plan of Care

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: O. Reg. 246/22, s. 29 (3) 12.

Plan of care

s. 29 (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

12. Dental and oral status, including oral hygiene.

The licensee has failed to ensure that a resident's plan of care included their dental and oral status, including oral hygiene, as was required.

Sources: Resident clinical records and interviews with resident and staff.

WRITTEN NOTIFICATION: Oral Care

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

Non-compliance with: O. Reg. 246/22, s. 38 (1) (a)

Oral care

s. 38 (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes, (a) mouth care in the morning and evening, including the cleaning of dentures;

The licensee has failed to ensure that a resident had mouthcare in the morning and evening, when the resident did not receive mouth care as required.

Sources: Observations, resident clinical records and interviews with resident and staff.

WRITTEN NOTIFICATION: Menu Planning

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

Non-compliance with: O. Reg. 246/22, s. 77 (5)

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Menu planning

s. 77 (5) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 246/22, s. 390 (1).

The licensee failed to ensure that the planned menu items were offered and available for dessert at a meal on two separate days. The posted menus did not indicate these changes at the time of meal service.

Sources: Posted menus, observations and interview with staff.

WRITTEN NOTIFICATION: Food Production

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

Non-compliance with: O. Reg. 246/22, s. 78 (3)

Food production

s. 78 (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,

- (a) preserve taste, nutritive value, appearance and food quality; and
- (b) prevent adulteration, contamination and food borne illness. O. Reg. 246/22, s. 78 (3).

The licensee failed to ensure that all fluids in the food production system were stored and served using methods to preserve taste, food quality, and prevent contamination and food borne illness, when fluid products that were required to be kept cold, were not placed on ice or an alternate method to maintain temperature at four degrees Celsius or less.

Sources: Observations and interviews with staff.

WRITTEN NOTIFICATION: Dining Service

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

Non-compliance with: O. Reg. 246/22, s. 79 (1) 9.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

9. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

The licensee failed to ensure that two residents received proper techniques to assist them with eating, when two staff were observed using improper techniques to assist with feeding.

Sources: Observations and interview with staff.

WRITTEN NOTIFICATION: Drug Destruction and Disposal

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 148 (1)

Drug destruction and disposal

s. 148 (1) Every licensee of a long-term care home shall ensure, as part of the medication management system, that a written policy is developed in the home that provides for the ongoing identification, destruction and disposal of,

(a) all expired drugs;

(b) all drugs with illegible labels;

(c) all drugs that are in containers that do not meet the requirements for marking containers specified under subsection 156 (3) of the Drug and Pharmacies Regulation Act; and

(d) a resident's drugs where,

(i) the prescriber attending the resident orders that the use of the drug be

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discontinued,

(ii) the resident dies, subject to obtaining the written approval of the person who has signed the medical certificate of death under the Vital Statistics Act or the resident's attending physician, or

(iii) the resident is discharged and the drugs prescribed for the resident are not sent with the resident under section 137. O. Reg. 246/22, s. 148 (1).

The licensee has failed to comply with the home's policy for the destruction of a medication, as included in the home's medication management system.

In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee is required to ensure that written policies and protocols for drug destruction and disposal are developed for the medication management system and that they are complied with.

Staff did not comply with Appendix M: "Medication Destruction and Disposal Guidelines" of the home's "Medication Destruction and Disposal" policy for the proper destruction of a medication.

Sources: Review of CareRx's policy "Medication Destruction and Disposal (non-Narcotic/Controlled medications)" and interviews with staff.