Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Public Report

Report Issue Date: August 7, 2025
Inspection Number: 2025-1571-0004
Inspection Type: Critical Incident
Licensee: The Corporation of the County of Prince Edward
Long Term Care Home and City: H.J. McFarland Memorial Home, Picton

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 29-31, 2025 and August 1, 5-7, 2025

The following intake(s) were inspected:

- Intake: #00148160 - CI #M556-000023-25 - Outbreak Declared
- Intake: #00152090 - CI #M556-000030-25 - Complaint received by Long Term Care Home (LTCH)
- Intake: #00153969 - CI #M556-000033-25 - Fall of resident resulting in injury

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

Skin and Wound Prevention and Management
Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Required programs

NC #001 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 has failed to ensure that their written policy related to falls prevention and management was complied with, for a resident of the home.

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

Specifically, the Falls Prevention policy indicates that when a fall occurs, registered staff will monitor Head Injury Routine (HIR) as per the schedule on the Post Head Injury form for signs of neurological changes, if a head injury is suspected and/or if the resident fall is un-witnessed. A resident sustained an unwitnessed fall on a specified day in July, 2025, and was transferred to hospital for assessment. A HIR was not initiated following their return to the Long-Term Care Home.

Sources: Falls Prevention Policy# VII-G-30.00; residents progress notes; lack of HIR form; interviews with RN and DOC.

COMPLIANCE ORDER CO #001 Required programs

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
Specifically, the licensee shall:

1. Review and revise Skin & Wound Care Management Protocol, ensuring it provides clear direction on the following:
a) When a referral to the wound care nurse is indicated.
b) When a resident is exhibiting any altered skin integrity, which assessments are to completed and the frequency of completion.
c) The process for consulting the physician when a wound is worsening or is not responding to treatment.
2. Conduct in person education on the revised policy in (1) with all registered staff.
3. Develop and implement a process for ensuring that the specified residents areas of altered skin integrity are reassessed weekly by a member of the registered nursing staff, if clinically indicated, using a clinically appropriate assessment instrument specifically designed for skin and wound assessment.
4. Maintain written a record of the requirements under (2) and (3). Documentation of education shall include the names of the staff, their designation, and date training

was provided.

Grounds

The licensee has failed to comply with the home's Skin & Wound Care Management Protocol for a resident.

In accordance with O. Reg. 246/22, s. 11 (1) b, the licensee is required to ensure that their written policies related to the skin and wound program is complied with.

Specifically, the home's Skin & Wound Care Management Protocol indicated the following:
a) The wound Care Champion will Conduct weekly wound and skin care assessment rounds in resident home area
b) With a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, Registered staff will: Conduct a skin assessment; Update the plan of care, including the Treatment Administration Record and care plan as appropriate. Submit referral to wound care nurse as indicated; initiate electronic weekly skin assessment as indicated; and If a wound is worsening or is not responding to treatment, contact Nurse Practitioner (NP)/ Doctor of Medicine (MD) for consultation.

A Resident was documented to have altered skin integrity. Documentation confirmed the wound was present, and open in August, 2024. The first documented skin and wound assessment was completed on a specified day in March, 2025. Subsequential wound assessments, were confirmed to not be completed weekly. There was no referral submitted to the Wound Care Champion in relation to this wound. Photographs of the wound show progression in size and condition, with no consultation to the NP or MD. Two other areas of altered skin integrity were

identified on a specified day in July, 2025 in a progress note entered by the MD. It was confirmed a skin and wound assessment had not been documented on either of these areas.

Sources: Inspector observations on July 31 and August 6, 2025; review of residents electronic and physical chart including progress notes, eTAR, skin and wound assessments, medical referrals, prescriber's orders, and physician progress notes; Skin & Wound Care Management Protocol #VII-G-10.80; Interviews with staff, Wound Care Champion,, and DOC

This order must be complied with by September 15, 2025

COMPLIANCE ORDER CO #002 Administration of drugs

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
Specifically, the licensee shall:

1. Complete a medication incident report, as indicated within internal policies and procedures, to determine contributing factors and gaps with this medication error. This should be completed in collaboration with the pharmacy provider.
2. Upon completion of (1), complete in person education using this medication error

as a case study with all registered staff. The education should focus on the contributing factors to this error, and any gaps identified.
3. Maintain written a record of the requirements under (1) and (2). Documentation of education shall include the names of the staff, their designation, and date training was provided.

Grounds

The licensee has failed to ensure that a residents treatment was administered in accordance with the directions for use specified by the prescriber. Specifically, on a specified day in March, 2025 the NP ordered a treatment. The treatment was never received from pharmacy, or documented as administered. It was confirmed in an interview, the wound progressed in size and required further treatment.

Sources: Residents progress notes, digital prescriber's orders, MAR and TAR for March 2025; CareRx Ordering and Receiving Medications Policy: New Medication Orders #4.2; Interviews with staff, Wound Care Champion, and DOC

This order must be complied with by September 15, 2025

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, 8th floor
Toronto, ON, M7A 1N3

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

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, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: 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.