

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: December 23, 2025

Inspection Number: 2025-1571-0006

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): December 12, 15-19, 22, 2025

The following intake(s) were inspected:

- Intake: #00152227 - CI: M556-000031-25 - related to an outbreak.
- Intake: #00158994 - CI: M556-000039-25 - related to a fall of resident resulting in injury.
- Intake: #00160382 - CI: M556-000046-25 - related to an outbreak.
- Intake: #00160903 - CI: M556-000047-25 - related to alleged physical/emotional abuse of a resident by staff.
- Intake: #00161136 - CI: M556-000049-25 - related to alleged physical abuse of a resident by staff.
- Intake: #00161983 - CI: M556-000051-25 - related to alleged neglect of a resident by staff.

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

Infection Prevention and Control

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Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

The written plan of care for a resident did not set out clear direction to staff and others who provide direct care to the resident, in relation to falls prevention and management interventions.

Specifically, review of a resident's current care plan identified the use of multiple specified safety interventions. However, upon review of the resident's bedside information sheet for falls interventions and safety, the interventions specified did not correspond completely with the care plan.

On a specified date in December 2025, the resident's bedroom was observed to have two of the specified safety interventions implemented. The resident was observed sitting in their wheelchair with an additional safety intervention implemented; however, two additional specified safety interventions were not in use.

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On a specified date in December, 2025, in an interview with the DOC, the interventions for falls prevention for the resident were identified as per the care plan. However, in interviews with staff it was specified that the resident does not have a two specified safety interventions as they were removed when other specified safety interventions were added.

Sources: A resident's current care plan and bedside information sheet; Inspector observations; and interviews with the DOC and staff.

WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

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,
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

A resident who was exhibiting altered skin integrity that required a specified intervention, which was first identified on a specified date in October, 2025, did not receive a weekly reassessment by a member of the home's registered nursing staff until a specified date in November, 2025. An interview with the DOC confirmed this was required and was not completed.

Sources: A resident's progress notes, skin assessments V2 and skin and wound module on Point Click Care (PCC), complaint response letter, and an interview with the DOC.

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**WRITTEN NOTIFICATION: Infection prevention and control
program**

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

A standard issued by the Director with respect to infection prevention and control was not complied with, specifically related to the completion of hand hygiene for residents before a meal.

On a specified date in December, 2025, an Inspector observed missed hand hygiene opportunities for five residents prior to lunch meal service.

Sources: Observations made by Inspector.

A standard issued by the Director with respect to infection prevention and control was not complied with, specifically related to the completion of a debrief session following the resolution of an outbreak.

On a specified date in December, 2025, the DOC confirmed that there were no debrief sessions completed following the resolution two acute respiratory infection (ARI) outbreaks in the home that were declared over on specified dates in July and November, 2025.

Sources: Interview with the DOC.