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**
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# Public Report

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| **Report Issue Date:** June 4, 2025 |
| **Inspection Number:** 2025-1148-0003 |
| **Inspection Type:**<br>Critical Incident |
| **Licensee:** Sherwood Park Manor |
| **Long Term Care Home and City:** Sherwood Park Manor, Brockville |

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 21 - 22, 26 - 30, 2025 and June 2 - 4, 2025

The following intake(s) were inspected:
Intake: #00144217 - CI # 2640-000016-25- Outbreak
Intake: #00145924 - CI # 2640-000017-25- Alleged staff to resident abuse
Intake: #00147054 - CI #2640-000020-25- Alleged resident to resident abuse

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

Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours

## 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: O. Reg. 246/22, s. 268 (2)**
Emergency plans
s. 268 (2) Every licensee of a long-term care home shall ensure that the emergency plans for the home are recorded in writing.

The licensee has failed to ensure that there were emergency plans for the home recorded in writing; specific to the loss of water.

**Sources:** Inspector's observation of the home's planned water shut off on a specified day in May 2025; review of the home's written emergency plans for the loss of one or more essential services; interviews with staff members

Date Remedy Implemented: May 29, 2025

## WRITTEN NOTIFICATION: Plan of care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: FLTCA, 2021, s. 6 (7)**
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that a resident was transferred as per their plan of care on a specified day in May 2025. It was observed by the Inspector that the

resident was transferred via a specified transfer method; however, it was noted that only one staff member was present during the transfer. The resident's care plan specifies that they require two person assistance for transferring.

**Sources:** Inspector's observations, a review of the resident's care plan, and an interview with a staff member

## WRITTEN NOTIFICATION: Duty to protect

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: FLTCA, 2021, s. 24 (1)**
Duty to protect
s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee has failed to ensure that a resident was protected from abuse by a staff member on a specified day in April 2025. In an interview with a staff member it was confirmed that abuse was founded through the Home's investigation.

**Sources:** Review of the Home's investigation file; and an interview with a staff member

## WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: FLTCA, 2021, s. 28 (1) 2.**

Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that an immediate report was made to the Director regarding alleged resident to resident physical abuse. The alleged incident occurred on a specified day in May 2025; however, a Critical Incident System (CIS) Report was not submitted to the Director until a later specified day in May 2025.

**Sources:** Review of CIS Report and an interview with a staff member

## WRITTEN NOTIFICATION: Infection prevention and control program

NC #005 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).

The licensee has failed to ensure that a standard issued by the Director with respect to infection prevention and control was complied with. In accordance with additional requirement 9.1 (f) under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April, 2022), the licensee has failed to ensure that additional personal protective equipment (PPE) requirements including appropriate selection, application, removal and disposal were followed in the IPAC program.

On a specified day in May 2025, a staff member did not don the required PPE when providing care to a resident. The resident was on additional precautions which required the use of PPE for care. The staff member was observed exiting the resident's room wearing no PPE. The staff member confirmed that care was completed during their interaction with the resident.

**Sources:** Observations made by Inspector; review of the resident's infection control icon in their electronic chart; and interviews with staff members

## WRITTEN NOTIFICATION: Prohibited devices that limit movement

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 121 7.**
Prohibited devices that limit movement
s. 121. For the purposes of section 38 of the Act, every licensee of a long-term care home shall ensure that the following devices are not used in the home:
7. Sheets, wraps, tensors or other types of strips or bandages used other than for a therapeutic purpose.

The licensee has failed to ensure that a prohibited device was not used to limit the movement of a resident on a specified day in April 2025.

**Sources:** Review of the resident's care plan; review of the Home's investigation file; and interviews with staff members

## WRITTEN NOTIFICATION: CMOH and MOH

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

**Non-compliance with: O. Reg. 246/22, s. 272**
CMOH and MOH
s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The licensee has failed to ensure that recommendations issued from the Ministry of Health's Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings (February 2025) were followed; specifically, related to ensuring high touch surfaces were cleaned and disinfected at minimum twice daily during a suspected or confirmed outbreak.

Staff members indicated that the cleaning and disinfecting of high touch surface areas is not increased from once daily when the home is in outbreak. It was identified that specified staff are responsible to complete the High Touch Point Cleaning Checklist to reflect the cleaning and disinfecting of high touch surface areas in the home during outbreak and non-outbreak; however, an interview with a staff member confirmed that the High Touch Point Cleaning Checklist doesn't reflect the cleaning and disinfecting of common areas in the home. A staff member was not able to locate completed High Touch Point Cleaning Checklists from April 2025, which is the month the home was experiencing an outbreak, nor were they able to confirm that cleaning and disinfecting of high touch surfaces throughout all common areas accessed by residents were cleaned and disinfected at minimum twice daily during the April 2025 outbreak.

**Sources:** The absence of completion of High Touch Point Cleaning Checklists for April 2025; and interviews with staff members