

**Ministry of Long-Term Care**

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

**Central West District**

609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901

**Public Report**

**Report Issue Date:** September 11, 2025

**Inspection Number:** 2025-1109-0004

**Inspection Type:**

Critical Incident

**Licensee:** Southampton Care Centre Inc.

**Long Term Care Home and City:** Southampton Care Centre, Southampton

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): September 3-5, and 9-11, 2025

The following intake(s) were inspected:

- Intake #00151411 was related to infection prevention and control;
- Intake #00152402 was related to prevention of abuse and neglect;
- Intake #00152894 and intake #00155644 were related falls prevention and management; and
- Intake #00153173 was related to alleged sexual abuse.

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

- Infection Prevention and Control
- Responsive Behaviours
- Prevention of Abuse and Neglect
- Falls Prevention and Management

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## 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 (8)**

Plan of care

s. 6 (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

The licensee failed to ensure staff and others who provided direct care to residents were kept aware of the contents of the resident's plan of care and had convenient and immediate access to it.

A resident was identified as high fall risk, having unsafe ambulation, and needing a protective device to mitigate risk of fall-related injury. The resident had a fall that resulted in an injury. The protective device was not included in the resident's care plan or point of care tasks, where front-line staff could have easily accessed the information.

**Sources:** clinical health records, interviews with staff, and observations.

### WRITTEN NOTIFICATION: Plan of Care

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

**Non-compliance with: FLTCA, 2021, s. 6 (10) (b)**

Plan of care

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s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,  
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee failed to ensure that a resident's continence product requirements were reassessed and the plan of care reviewed and revised when their care needs changed.

Staff within the home submitted an incontinence product change request form indicating worsening continence and a resident soaking through the product, needing more absorbency, and requested a change. According to the initial incontinence product change request form, the request was not reviewed by the unit manager or charge nurse until almost two months later.

**Sources:** clinical health records, interviews with staff, the home's policy on LTC Continence Care and Bowel Management - Program, effective September 16, 2013, and last revised May 17, 2022

## **WRITTEN NOTIFICATION: Skin and Wound Care**

NC #003 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;

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The licensee has failed to ensure when a resident exhibited altered skin integrity they were reassessed at least weekly.

A resident had several areas of skin impairment. These skin concerns were supposed to be assessed weekly until resolved. There were instances after the initial wound evaluations were completed where the skin assessments were not completed for longer than seven days.

**Sources:** clinical records, the home's policy on LTC Skin and Wound Care - Program, effective September 16, 2013, and last revised March 11, 2025; and interview with staff.

## **WRITTEN NOTIFICATION: Continence Care and Bowel Management**

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

**Non-compliance with: O. Reg. 246/22, s. 56 (2) (a)**

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

The licensee has failed to ensure that when a resident returned from hospital, with worsened continence of bowel and bladder, they received an assessment for their

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incontinence using a clinically appropriate assessment instrument specifically designed for assessment of incontinence, that included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions. The resident developed moisture associated skin damage - incontinence associated dermatitis (MASD - IAD) shortly after returning to the home.

**Sources:** observations, clinical health records, interviews with staff, and the home's policy on LTC Continence Care and Bowel Management - Program, effective September 16, 2013, and last revised May 17, 2022.

## **WRITTEN NOTIFICATION: Pain Management**

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

**Non-compliance with: O. Reg. 246/22, s. 57 (1) 2.**

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.

The licensee has failed to ensure that strategies were implemented for manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids when a resident experienced pain.

A resident experienced an unwitnessed fall. The charge nurse documented that pain medication was administered after the fall. However, no pain medication was administered until several hours later, despite the resident's ongoing complaints of pain.

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**Sources:** clinical records, the home's Pain Management program effective date September 16, 2013, Revised on March 11, 2025, and interviews with staff.