

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: June 23, 2025

Inspection Number: 2025-1014-0005

Inspection Type:

Proactive Compliance Inspection

Licensee: Arch Long Term Care LP by its General Partner, Arch Long Term Care MGP, by its partners, Arch Long Term Care GP Inc. and Arch Capital Management Corporation

Long Term Care Home and City: Perth Community Care Centre, Perth

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 6, 10, 11, 12, 13, 16, 17, 18, 19, 20, 23, 2025

The following intake(s) were inspected:

- Intake: #00149238 - Proactive Compliance Inspection (PCI)

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Food, Nutrition and Hydration
Housekeeping, Laundry and Maintenance Services
Medication Management
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect

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Staffing, Training and Care Standards
Quality Improvement
Pain Management

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 the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. On June 6, 2025, the floor in the hallway to the dining room on Wiseman Wing was damaged.

Sources: Observations and interviews with Administrator and Maintenance.

Date Remedy Implemented: June 6, 2025

WRITTEN NOTIFICATION: Windows

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

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Non-compliance with: O. Reg. 246/22, s. 19

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

The licensee has failed to ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. On June 6, 2025, a second floor lounge window opened greater than 15 centimetres and the screen was not secured in place.

Sources: Observation and an interview with Maintenance.

WRITTEN NOTIFICATION: Safe Storage of Drugs

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

Non-compliance with: O. Reg. 246/22, s. 148 (2) 2.

Drug destruction and disposal

s. 148 (2) The drug destruction and disposal policy must also provide for the following:

2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.

In accordance with O. Reg 246/22 s. 11 (1) b, the licensee of a long-term care home shall institute any plan or policy that must be complied with and all applicable requirements under the Act. Upon review of the home's policy regarding the destruction and storage of narcotics, it was identified that staff were not following the home's policy for the storage and destruction of narcotics.

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The licensee has failed to ensure that controlled substances to be destroyed and disposed of are stored in a double-locked storage area within the home. The inspector observed a Registered Nurse (RN) storing an open ampoule of a controlled substance in the medication slot assigned to residents, which also contained current medications for administration. It was observed that this section of the medication cart has one lock.

Review of the home's policy for managing Medication administration of narcotics-controlled drugs;

a. Narcotic/controlled drugs will be stored in the medication cart in the locked narcotic/controlled drug boxes within the medication cart until the time of administration.

Sources: observation, Medication administration of narcotics/controlled drugs, Policies and Procedures and interview with Director of Care.

COMPLIANCE ORDER CO #001 Communication and Response System

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 20 (b)

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(b) is on at all times;

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 20 (b) [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to: The Licensee shall prepare, submit, and implement a plan to ensure that the communication and response system is on at all times. The plan shall include but is not limited to:

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1. How the home will ensure that the pagers used for the communication and response system are on at all times;
2. How the home will ensure that the pagers are monitored by staff for adequate battery life to remain on at all times;
3. How the home will ensure the effectiveness and adherence to their compliance plan for the communication and response system.

Please submit the written plan for achieving compliance for inspection to the MLTC by email by July 18, 2025.

Please ensure that the submitted written plan does not contain any PI/PHI.

The licensee has failed to ensure that the communication and response system was on at all times.

Grounds

The licensee has failed to ensure that the communication and response system was on at all times. The licensee utilized pagers programmed by unit for alerting staff assigned to that unit that the communication and response system had been activated. The communication and response systems in 2 rooms on the second floor were activated and the Personal Support Worker's (PSW) stated that they did not receive the page and that their pager was not on. The communication and response system in a room on the first floor was activated and the PSW stated that they did not receive the page.

Sources: Observations and interviews with PSW's.

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This order must be complied with by

September 12, 2025

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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
e-mail: MLTC.AppealsCoordinator@ontario.ca

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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

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Director

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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.