

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 1, 2025

Inspection Number: 2025-1297-0002

Inspection Type:

Complaint
Critical Incident

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: Wellington House Nursing Home, Prescott

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 28-31, 2025, and August 1, 2025.

The following intakes were completed in this Critical Incident (CI) inspection:
Intake #00143557/CI#2807-000007-25, Intake#00152888/CI#2807-000019-25 were related to residents sustaining falls resulting in significant changes that required the residents to be transferred to the hospital for treatment.

Intake #00143719/CI#2807-000008-25 related to Infection Prevention and Control (IPAC).

The following intake was completed in this complaint inspection:
Intake #00153051 related to concerns regarding falls prevention and management for a resident.

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

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 comply with the home's Fall Prevention Program related to post-fall procedures wherein an interdisciplinary resident care review involving the resident and/or substitute decision maker (SDM) is conducted when a resident experiences more than three falls in a one month period.

In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee is required to ensure the home has in place a falls prevention and management program to reduce the incidence of falls and the risk of injury, and that it is complied with.

Specifically, by not involving the SDM, the staff did not comply with the

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requirements outlined in the home's Fall Prevention Program (Index ID G-40) post-fall procedure after a specific resident had multiple falls during a specific month in 2025.

Sources: Interview with DOC, and Fall Program Lead, review of resident's clinical records, Fall Prevention Program policy (G-40), and Fall Committee Meeting minutes.

WRITTEN NOTIFICATION: Falls prevention and management

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

Non-compliance with: O. Reg. 246/22, s. 54 (2)

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The licensee has failed to ensure that a post fall assessment using a clinically appropriate assessment instrument that is specifically designed for falls was completed for a specific resident when they had an unwitnessed fall on a specific day. Further, post-fall head injury routine assessments were not completed after the resident had unwitnessed falls on a specific day in May, 2025, and multiple dates during June, 2025.

Sources: Resident's clinical records; interview with a specific staff member, DOC.

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WRITTEN NOTIFICATION: CMOH and MOH

NC #003 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 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 were followed.

Specifically, the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings indicated that weekly Infection Prevention and Control audits (IPAC) audits should be conducted for the duration of the outbreak. The home was in an enteric outbreak from March 29, 2025 to April 9, 2025. The weekly IPAC audit was not completed for the week of April 7, 2025.

Sources: Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, effective February 2025; IPAC Checklist for Long-Term Care and Retirement Homes, and interview with DOC.