

**Ministry of Long-Term Care**

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

**London District**

130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

## Public Report

**Report Issue Date:** June 26, 2025

**Inspection Number:** 2025-1448-0005

**Inspection Type:**

Critical Incident

**Licensee:** The Women's Christian Association of London

**Long Term Care Home and City:** McCormick Home, London

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 23-26, 2025

The following intake(s) were inspected:

- Intake: #00150108 - CI #2965-000019-25 related to fall of a resident.

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

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 (2)**

Plan of care

s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on

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an assessment of the resident and on the needs and preferences of that resident.

The licensee failed to ensure that a resident's plan of care was based on their assessed needs and preferences.

The resident's plan of care included multiple Personal Assistance Services Device (PASD) interventions for fall prevention. However, during the observation, these interventions were not in use. There was no documentation explaining when or why they had been discontinued. A staff member confirmed the care plan was inaccurate and undergoing updates. Staff expressed confusion regarding the current interventions.

**Sources:** Review of the resident's care plan and clinical records, direct observation, and interviews with staff members.

**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)**

Plan of care

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,

(a) a goal in the plan is met;

(b) the resident's care needs change or care set out in the plan is no longer necessary; or

(c) care set out in the plan has not been effective.

The licensee failed to ensure that a resident's plan of care was reviewed and revised when their care needs changed or when the outlined care was no longer necessary or effective.

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The plan of care for resident listed the use of multiple Personal Assistance Services Device (PASD) interventions. However, the resident was no longer using these devices. Staff were unaware that these interventions were still listed in the plan of care and continued to document their use inaccurately.

**Sources:** Review of the resident's care plan and clinical records, direct observation, and interviews with staff members.

**COMPLIANCE ORDER CO #001 Plan of care**

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

1. Develop and implement a process to ensure plan of care for resident was reviewed and updated after each fall.
2. Retrain all registered nursing staff and personal support staff working on a specific home area and providing care to resident related to a) safe lift and transferring techniques and b) Fall prevention and management including safety of a residents when left in bed.
3. Maintain a record of completed education, including the names of the staff who completed, and the content of the materials covered.
4. Conduct audits at least twice weekly following the service of this report to ensure resident's plan of care was followed by staff members related to fall prevention and management interventions.

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5. Maintain a record of completed audits including date the audits were completed, corrective actions taken, staff audited, and the name of the person completed audits.

**Grounds**

The licensee failed to ensure that the care set out in the plan of care for resident was provided as specified in the plan related to fall prevention.

A resident, identified as high risk for falls with a documented history of falling, was left unattended during care. The staff failed to ensure the fall prevention interventions were in place, as required by the resident's care plan. Resident had a fall and as a result they sustained multiple injuries which required assessments, monitoring and treatments.

The Falls Lead acknowledged that staff failed to recognize the resident's high fall risk and did not implement required safety measures. The incident was deemed preventable and demonstrated a failure to follow established fall prevention protocols, resulting in a significant harm.

**Sources:** Resident's clinical records, Incident investigation notes and Critical Incident Report reviews; Interviews with resident and Falls Lead.

**This order must be complied with by** August 1, 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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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, 9<sup>th</sup> Floor

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**Director**

c/o Appeals Coordinator  
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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](http://www.hsarb.on.ca).