

**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:** May 13, 2025

**Inspection Number:** 2025-1456-0002

**Inspection Type:**

Critical Incident

**Licensee:** Almonte General Hospital

**Long Term Care Home and City:** Fairview Manor, Almonte

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 5, 6, 8, 9, 12, 2025

The following intake(s) were inspected:

- Intake: #00144871 - Enteric Outbreak
- Intake: #00146073 - Fall of a resident resulting in a significant change in condition

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

Resident Care and Support Services  
Infection Prevention and Control

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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**Non-compliance with: FLTCA, 2021, s. 6 (9)**

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.
2. The outcomes of the care set out in the plan of care.
3. The effectiveness of the plan of care.

The licensee has failed to ensure that a resident's written plan of care included falls prevention strategies. Specifically, a resident was assessed as a high risk for falls as per their quarterly falls risk assessment. There were nothing noted in their written plan of care on how to manage or prevent their risk for falls considering their high risk for falls.

Sources: A resident's clinical records, interview with an RN and ADOC.

**WRITTEN NOTIFICATION: General Requirements**

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

**Non-compliance with: O. Reg. 246/22, s. 34 (1) 3.**

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The licensee has failed to ensure that their Falls program policies, specifically Falls Risk Reduction and Post Falls assessment and the Head injury Protocols, be

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evaluated and updated on an annual basis. Both policies were last reviewed in March and April 2023.

Sources: Fall prevention policy titled. "Fall Risk Reduction and Post Fall assessment" Policy# VI-G-10.58 and Policy ; "Head Injury Protocols" policy #VI-G-10.18, and interview with ADOC.

## **WRITTEN NOTIFICATION: Policy**

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

**Non-compliance with: O. Reg. 246/22, s. 54 (1)**

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee has failed to ensure that staff comply with the head injury protocol policy. Specifically, an RPN did not complete a resident's head injury routine on a specified date in April 2025 at three specified times, as per policy to do so with an unwitnessed fall resulting in head injury in accordance with O.Reg 246/22 s. 11 (1) b to comply with policies.

Sources: A resident's clinical chart, Homes Head Injury Routine policy "Head Injury Protocols" policy #VI-G-10.18" and interview with RPN #108 and the ADOC.

## **WRITTEN NOTIFICATION: Cleaning and disinfecting equipment**

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

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**Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (i)**

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

The licensee has failed to ensure that staff clean and disinfect resident care equipment after use. Specifically, a PSW did not clean or disinfect the portable mechanical lift transfer after using it for a transfer on a resident who was symptomatic with symptoms.

Sources: Inspector observations, interview with a PSW and the ADOC.

## WRITTEN NOTIFICATION: IPAC Audits

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

**Non-compliance with: O. Reg. 246/22, s. 102 (7) 4.**

Infection prevention and control program

s. 102 (7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:

4. Auditing of infection prevention and control practices in the home.

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The licensee has failed to ensure that the IPAC (Infection prevention and control) lead conducted weekly audits of the IPAC practices in the home during the homes enteric outbreak declared on a specified date in April 2025 and ended on a specified date in April 2025.

In accordance with the "Ministry of Health, Recommendations for Outbreak Prevention & Control in Institutions & Congregate Living Settings, (February 2025), IPAC audits are to be conducted on a weekly basis during an outbreak."

Sources: Homes IPAC audits, interview with the IPAC lead.

## WRITTEN NOTIFICATION: Outbreak Management

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 102 (7) 6.**

Infection prevention and control program

s. 102 (7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:

6. Convening the Outbreak Management Team at the outset of an outbreak and regularly throughout an outbreak.

The licensee has failed to ensure that the IPAC lead, convene the Outbreak Management Team (OMT) when their enteric outbreak was declared on a specific date in April 2025, to discuss outbreak measures that should be put in place in the home and to have ongoing meetings for the duration of the outbreak.

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Sources: Homes Enteric Outbreak file, and interview with the IPAC lead.

**COMPLIANCE ORDER CO #001 Infection prevention and control program**

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**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 Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 102 (2) (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 IPAC practices are adhered to based on best practice guidelines. The plan shall include but is not limited to:

- 1) IPAC audits (Hand hygiene, PPE, and PHO)
- 2) Ensure staff adhere to IPAC practices
- 3) Ensure point of care signage is posted for additional precautions where appropriate
- 4) Process for symptomatic residents to remain in their room while on additional precautions
- 5) Process for ensuring meetings are conducted with the Outbreak Management team (OMT).

Please submit the written plan for achieving compliance by May 30, 2025.

Please ensure that the written plan does not include any Personal information

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(PI)/Personal Health information (PHI).

**Grounds**

1) The licensee has failed to ensure that staff adhere to additional precautions criteria and wear appropriate personal protective equipment (PPE) when required to so, in accordance with the "Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes September 2023" (IPAC Standard).

Specifically, two PSW's did not follow the posted additional precautions in place for a resident. A resident was on droplet/contact precautions, and the two PSW's were not wearing a gown, eye protection, N95 mask while assisting a resident to get dressed from a bath and up and out of bed in a mechanical lift, as required in the Additional Precautions Program requirement 9.1 F) under the IPAC Standard. A PSW was also not wearing gloves and had their surgical mask under their chin.

Sources: Inspector observations, interviews with PSW's and the ADOC.

2) The licensee has failed to ensure that point of care signage is posted to identify which resident has enhanced IPAC control measures in place in accordance with the "Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes September 2023" (IPAC Standard).

Specifically, several rooms had personal protective equipment (PPE) stations set up outside the room, but there was no point of care signage on the doors to indicate

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what additional precautions were in place and for which resident as the rooms were shared resident rooms.

Sources: Inspector observations, interview with a PSW, IPAC lead and the ADOC.

3) The licensee has failed to ensure that results of the weekly IPAC audits are shared and reviewed by the OMT. Specifically the IPAC lead did not conduct weekly audits to share with the OMT, during their enteric outbreak declared during the a specific period of time in April 2025, in accordance with the "Ministry of Health-Recommendations for outbreak Prevention & Control in Institutions & Congregate Living Settings (February 2025)."

Sources-Homes Outbreak file, and interview with IPAC lead.

4) The licensee has failed to ensure that the IPAC lead conduct a debrief of their enteric outbreak declared over on a specified date in April 2025 with the Outbreak Management Team (OMT), in accordance with the "Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes September 2023" (IPAC Standard) 4.3.

Sources: Homes outbreak file, and interview with the IPAC lead.

**This order must be complied with by May 30, 2025**



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**An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001**

**NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #001**

**Related to Compliance Order CO #001**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$5500.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

**Compliance History:**

The licensee was issued a CO in the past 36 months on April 24, 2024 for O.Reg 246/22 s. 102 (2) (b).

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

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Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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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  
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)

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).