

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

North District  
159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

## Public Report

**Report Issue Date:** August 15, 2025

**Inspection Number:** 2025-1206-0002

**Inspection Type:**  
Critical Incident

**Licensee:** The District Municipality of Muskoka

**Long Term Care Home and City:** Fairvern, Huntsville

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 12-15, 2025.

The following intake(s) were inspected:

- One intake related to the injury of a resident;
- One intake related alleged improper/ incompetent care of a resident.

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

Resident Care and Support Services  
Skin and Wound Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Documentation

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

**Non-compliance with: FLTCA, 2021, s. 6 (9) 1.**

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.

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The licensee has failed to ensure that the provision of care provided to an identified resident was documented.

On a specific date, a staff completed care for a resident following an incident. The incident and care provided in response was not documented.

**Sources:** Review of the resident's progress notes and written electronic medication administration record (EMAR) note; and, interviews with staff.

### **WRITTEN NOTIFICATION: When reassessment, revision is required**

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

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

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

The licensee has failed to ensure that an identified resident's plan of care was revised when their care needs had changed.

A) On a specific date, it was identified the resident received a new intervention. The resident's care plan had conflicting information related to the resident's care needs, and was not updated to reflect the change related to the intervention.

B) At the time of the inspection, the resident's plan of care was not updated based on their care needs at the time. The Inspector observed a staff providing a specific level of assistance to the resident that was not aligned with the care requirements of the resident as per other staff, and their care plan was not updated accordingly.

**Sources:** Inspector observation; the resident's plan of care and assessments; and, interviews with the resident and staff.

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

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

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii)**

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,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required.

The licensee has failed to ensure when an identified resident exhibited altered skin integrity, they received immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection.

An assessment was opened for the resident and a number of days later it was closed/resolved.

An intervention was found on the resident, a number of days later, related to the same concern that was previously resolved without an associated assessment or date known as to when it was initiated. When this was identified, the home acknowledged the concern should have been addressed sooner.

**Sources:** Progress notes, assessments, and chart for the resident, the home's policy; and, interviews with staff.



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**Inspection Report Under the  
Fixing Long-Term Care Act, 2021**

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