

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: January 8, 2026

Inspection Number: 2026-1206-0001

Inspection Type:
Proactive Compliance Inspection

Licensee: The District Municipality of Muskoka

Long Term Care Home and City: Fairvern, Huntsville

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: January 5-8, 2026

The following intake was inspected:

- One intake: Proactive Compliance Inspection

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

Skin and Wound Prevention and Management
Infection Prevention and Control
Staffing, Training and Care Standards

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. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care

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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;
or

A resident's care needs changed and an intervention was discontinued. The care plan to reflect the change in care needs was revised during the inspection.

Sources: A resident's care plan; interview with a Personal Support Worker (PSW), and the Director of Care (DOC).

Date Remedy Implemented: January 8, 2026

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) (c)

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

A resident had an area of altered skin integrity and it was noted that the treatment in place was not effective. A review of the resident's written plan of care, revealed that no revisions or updates were made to address the ineffective treatment.

Sources: A resident's electronic health record; and an interview with a Registered Practical Nurse (RPN).

WRITTEN NOTIFICATION: General requirements for programs

NC #003 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:

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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.

An annual evaluation of the skin and wound program was conducted by the home; however, the evaluation had no evidence to support that the evaluation was conducted in accordance with evidence-based practices or prevailing practices.

Sources: The home's skin and wound program evaluation, an email correspondence; and an interview with the DOC.

WRITTEN NOTIFICATION: Skin and wound care

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

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

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,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

On two identified dates, registered staff did not complete the required weekly skin and wound assessments for a resident who had an altered area of skin integrity.

Sources: A resident's weekly wound assessments, electronic Medication Administration Record (eMAR), and progress notes; and interviews with a Co-DOC, and the DOC.



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

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