

Ministry of Long-Term Care

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

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Public Report

Report Issue Date: June 13, 2025

Inspection Number: 2025-1211-0003

Inspection Type:

Critical Incident

Licensee: 488491 Ontario Inc.

Long Term Care Home and City: Avalon Retirement Centre, Orangeville

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 9 – 13, 2025

The following intake(s) were inspected:

- Intake: #00146272, CI #2715-000009-25 related to ARI Unknown Outbreak
- Intake: #00146962, CI #2715-000010-25 related to unwitnessed fall
- Intake: #00147068, CI #2715-000011-25 related to ARI - Metapneumovirus Outbreak
- Intake: #00148471, CI #2715-000012-25 related to Improper care

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

Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Transferring and positioning techniques

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

Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee failed to ensure that staff utilized safe transferring and positioning techniques when assisting a resident with a mechanical lift.

A resident was injured when two staff members failed to use safe transferring and positioning techniques when transferring a resident with a mechanical lift.

Source: Care plan, investigation notes, progress notes, Beka CARLO Alu Comfort EP 230 & Classic 230 user manual version 2.8 2023/08/09, interviews with Staff

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 (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 the falls prevention and management

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program provided for the use of equipment, supplies, devices and assistive aids for a resident.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure the falls prevention and management program, at a minimum, includes the use of devices and provides strategies to monitor residents, and must be complied with.

The home's policy stated staff were required to ensure that preventative measures to prevent falls and/or injury were implemented as per the plan of care.

A resident's care plan stated that they were to have a fall prevention intervention in place. The resident was observed without this intervention in place.

Sources: residents care plan, documentation survey report; LTC Falls Prevention and Management – Program Policy Revised 8/23/2024; observation of resident; interviews with the resident and staff

WRITTEN NOTIFICATION: Skin and wound care

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

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

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,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee has failed to ensure that a resident exhibiting new altered skin integrity

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received a skin assessment by registered staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.

A resident returned from hospital with a new area of altered skin integrity. No skin assessments using a clinically appropriate assessment instrument were completed for this area of altered skin integrity.

Source: progress notes, LTC skin and wound care program policy version 11 (revised date: March 11, 2025), interviews with staff

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) (c)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,
(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure injuries, skin tears or wounds and promote healing;

The licensee has failed to ensure that skin and wound care supplies were readily available at the home as required to relieve pressure, treat pressure injuries, skin tears or wounds and promote healing.

A resident had an order for wound care that required a specific supply. There was not enough of the supply to complete the wound care as ordered.

Source: progress notes, hospital discharge instructions, prescribed order, LTC skin

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and wound care program policy version 11 (revised date: March 11, 2025), interviews with staff