

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

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: January 17, 2025

Inspection Number: 2025-1544-0001

Inspection Type:

Complaint

Critical Incident

Licensee: The Corporation of the City of Peterborough and The Corporation of the County of Peterborough

Long Term Care Home and City: Fairhaven, Peterborough

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 8-10, 14-17, 2025.

The inspection occurred offsite on the following date(s): January 13, 2025.

The following intake(s) were inspected:

- Intake: #00118855, CI #M520-000034-24 - Alleged resident to resident abuse.
- Intake: #00124839, CI #M520-000048-24 - Incident causing injury, requiring transfer to hospital.
- Intake: #00126679 - Complaint regarding Incident causing injury, requiring transfer to hospital.
- Intake: #00126819, CI #M520-000053-24 - Alleged resident to resident abuse.
- Intake: #00132052, CI# M520-000063-24 - Disease Outbreak
- Intake: #00132325, CI #M520-000066-24 - Fall of resident with injury.
- Intake: #00133837 - Complaint regarding laundry services and Infection Prevention and Control (IPAC).

The following intakes were completed in this inspection:

- Intake: #00111324, CI #M520-000010-24; Intake: #00115092, CI #M520-000020-24; related to disease outbreaks.

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- Intake: #00112498, CI #M520-000016-24; related to falls prevention and management.

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Responsive Behaviours
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

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

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 licensee has failed to ensure that the care set out in the plan of care for a resident, was provided to the resident as specified in the plan.

A resident had a fall with injury from bed on a specified day in November, 2024. In the resident's care plan, it indicated that a specific falls intervention is to be in place when the resident is in bed. The resident did not have the falls intervention in place at the time of the fall.

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Sources: Resident's care plan and progress notes on PointClickCare (PCC), the licensee's investigation notes, and an interview with Resident Care Manager [740792]

WRITTEN NOTIFICATION: General Requirements for Programs

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

Non-compliance with: O. Reg. 246/22, s. 34 (2)

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee has failed to ensure a resident's assessment was documented following an incident.

On a specified day in August, 2024, two personal support worker (PSW) staff attended the resident's room in response to an alarm, and found the resident sitting on the front edge of their wheelchair with their leg twisted in behind the foot pedal. The PSW staff, with the assist of a Registered Practical Nurse (RPN), dislodged the resident's foot/leg and transferred them to their bed where an assessment was completed. The RPN's post incident assessment was not documented until eleven (11) days after the incident.

Sources: Review of Critical Incident (CI) report #M520-000048-24, the investigation file, and Policy RCM-N-340 (reviewed February 15, 2024) - "Documentation", and an interview with Director of Care (DOC) [602]

WRITTEN NOTIFICATION: Infection prevention and control program

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

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 licensee has failed to ensure that a standard issued by the Director with respect to infection prevention and control was complied with.

In accordance with additional requirement 9.1 (e) under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April, 2022), the licensee has failed to ensure that additional precautions shall include point-of-care signage indicating that enhanced IPAC control measures are in place and additional Personal Protective Equipment (PPE) requirements including appropriate selection application, removal and disposal.

Specifically, incorrect signage was used for a residents room, which required contact and droplet precautions with use of N95.

Sources: Inspector's observations with RPN on January 14, 2025 [741726].

WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (8)

Infection prevention and control program

s. 102 (8) The licensee shall ensure that all staff participate in the implementation of

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the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead. O. Reg. 246/22, s. 102 (8).

The licensee failed to ensure that all staff participated in the implementation of the Infection Prevention and Control (IPAC) program, when staff did not comply with the Hand Hygiene Policy. Specifically, on January 09, 2025, staff were observed not encouraging and/or assisting residents to perform hand hygiene before eating, and before entering communal spaces such as the dining room.

Sources: Observation of dining room on January 09, 2025, Hand Hygiene Policy #RCM-IC-310, Interviews with PSW and IPAC Lead [741726].