

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: January 10, 2025

Inspection Number: 2025-1491-0001

Inspection Type:

Critical Incident

Licensee: Fairview Mennonite Homes

Long Term Care Home and City: Fairview Mennonite Home, Cambridge

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 7 - 10, 2025

- The following intake(s) were inspected: Intake: #00130108 - Unwitnessed fall of a resident resulting in a fracture

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

Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Pain Management

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

Non-compliance with: O. Reg. 246/22, s. 57 (2)

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Pain management

s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The licensee failed to ensure that when a resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment tool.

A resident sustained a fall with an increased pain level. No pain assessment was completed when initial interventions were not effective.

Sources: Progress notes, EMAR, Weights and Vitals Summary Report, interview with RN

WRITTEN NOTIFICATION: infection Prevention and Control Program

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 failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was implemented.

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In accordance with additional requirements 7.3(b) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), audits were to be completed at a minimum of quarterly of all staff to ensure that they can perform the IPAC skills required of their role.

Audits provided for a three month period in 2024, did not all staff roles had been audited.

Sources: Hand Hygiene audits, Donning and Doffing Audits, Housekeeping audits, interview with IPAC Practitioner.