

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: February 27, 2025
Inspection Number: 2025-1549-0001
Inspection Type: Critical Incident
Licensee: Corporation of the County of Simcoe
Long Term Care Home and City: Georgian Manor Home for the Aged, Penetanguishene

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 25-27, 2025.

The following intake(s) were inspected:

- one intake related to a missing controlled substance; and,
- one intake related to the fall of a resident that resulted in injury.

The following intakes were completed in this inspection:

- two intakes related to resident falls with injury.

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

- Medication Management
- Infection Prevention and Control
- Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Collaboration of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (4)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

The licensee has failed to ensure that the staff and others involved in the different aspects of care for the resident collaborated with each other related to fall prevention measures and interventions.

Sources: The resident's progress notes, care plan and assessments; and, interviews with staff.

WRITTEN NOTIFICATION: Falls Management Program

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.

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246/22, s. 54 (1).

The licensee failed to ensure that the the falls and management prevention program reduced or mitigated falls when the resident's plan of care was not reviewed and revised after they sustained a fall.

Sources: Critical Incident (CI); the resident's progress notes and care plan; licensee's Fall Management Program; and, interviews with staff.

WRITTEN NOTIFICATION: Post Fall Assessments

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

Non-compliance with: O. Reg. 246/22, s. 54 (2)

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The licensee has failed to ensure that when the resident sustained a fall, a post fall assessment was completed.

Sources: The resident's progress notes, and assessments; licensee's Fall Management Program; high risk round meeting minutes; and interviews with staff.

WRITTEN NOTIFICATION: Medication Management

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

Non-compliance with: O. Reg. 246/22, s. 123 (2)

Medication management system

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s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The licensee has failed to ensure that policies and procedures related to the medication management system were complied with, it was identified that registered staff did not complete a shift count of controlled substances as directed.

Sources: CI; internal investigation notes; licensee policy; and interviews with staff.