

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

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

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

Hamilton Service Area Office  
119 King Street West 11th Floor  
HAMILTON ON L8P 4Y7  
Telephone: (905) 546-8294  
Facsimile: (905) 546-8255

Bureau régional de services de  
Hamilton  
119, rue King Ouest 11<sup>ième</sup> étage  
HAMILTON ON L8P 4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 13, 2020	2020_555506_0026	002956-20, 003165- 20, 003460-20, 009674-20	Critical Incident System

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**Licensee/Titulaire de permis**

2063414 Ontario Limited as General Partner of 2063414 Investment LP  
302 Town Centre Blvd. Suite 300 MARKHAM ON L3R 0E8

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**Long-Term Care Home/Foyer de soins de longue durée**

Fox Ridge Care Community  
389 West Street BRANTFORD ON N3R 3V9

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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

LESLEY EDWARDS (506)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): October 2, 5, 6, 7, 8 and 9, 2020 and this inspection was conducted both onsite and offsite.**

**The following Critical Incidents System (CIS) Inspections were conducted:**

**002956-20- related to plan of care; and,  
009674-20- related to medication management; and,  
003165-20- related to plan of care and critical incidents.**

**The following Follow-up Inspections were conducted:**

**003460-20- related to safe and secure home.**

**During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Associate Director of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW) and residents.**

**During the course of the inspection the inspectors conducted a tour of the home, observed resident care and interactions, reviewed clinical records, compliance plans, audits, policies and procedures, training records, internal investigation notes and conducted interviews.**

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

**Medication**

**Personal Support Services**

**Safe and Secure Home**

**During the course of this inspection, Non-Compliances were issued.**

**2 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / DE L'INSPECTION</b>	<b>NO</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
LTCHA, 2007 S.O. 2007, c.8 s. 5.	CO #001	2020_555506_0006		506

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following:**

**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. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that care set out in resident #002's plan of care was provided as specified in the plan.

PSW #104 was providing care to resident #002 when the resident sustained an injury.

A review of the care plan confirmed that the resident had a specified intervention.

An interview with PSW #104 confirmed that they completed the resident's care and they did not follow the resident's plan of care and use the specified intervention.

Sources: care plan and interview with PSW #104. [s. 6. (7)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that care set out in plan of care related to resident #002 were provided as specified in the plan, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**

**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**

**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home's controlled substance and narcotic count policy was complied with.

In accordance with O. Reg. 79/10, s. 114. (2) the licensee was required to ensure that written policies and protocols were 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.

Staff did not comply with the home's policy, 'Controlled Substance and Narcotic Counts' (VIII-E-10.40; last revised May 2019).

Documentation identified that 15 ampoule's of a resident's medications were placed in the destruction box by RPN #105 and #106 on a date in March; however, on a date in May 2020, a virtual narcotic drug destruction was completed with the pharmacy which identified only 13 ampoule's.

Upon the home's investigation it was identified that the pharmacy held back two ampoule's from the home to replace the home's emergency medication stock box and it was confirmed that the RPN's working on a date in March 2020, did not complete a narcotic count to verify the correct quantity of the medication that arrived from the pharmacy. In an interview with RPN #105, they confirmed they only signed the narcotic count and did not complete a physical count of the medication. They confirmed they did not follow the home's policy.

Sources: CI #2570-000012-20, drug record book, the home's policy 'Controlled Substance and Narcotic Counts' (VIII-E-10.40; last revised May 2019), home's internal investigation notes and interviews. [s. 8. (1) (b)]

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**Issued on this 13th day of October, 2020**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**