

**Ministry of Long-Term Care**

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

**London District**

130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

**Original Public Report**

<b>Report Issue Date:</b> November 13, 2024
<b>Inspection Number:</b> 2024-1087-0004
<b>Inspection Type:</b> Critical Incident Follow up
<b>Licensee:</b> 2063414 Ontario Limited as General Partner of 2063414 Investment LP
<b>Long Term Care Home and City:</b> Fox Ridge Community, Brantford

**INSPECTION SUMMARY**

The inspection occurred onsite on the following dates: October 22 - 25, 28, 29, 31, 2024  
The inspection occurred offsite on the following date: October 30, 2024

The following intakes were inspected:

- Intake: #00124111 - CIS: 2570-000022-24 - Related to falls prevention and management
- Intake: #00126147 - CIS: 2570-000026-24 - Related to prevention of abuse and neglect
- Intake: #00126383 - Follow-up #: 1 - CO #001/2024\_1087\_0003, O. Reg. 246/22 s. 24 (1), Related to air temperatures, CDD: September 27, 2024
- Intake: #00126384 - Follow-up #: 2 - CO #004/2024\_1087\_0002, O. Reg. 246/22 - s. 54 (1), Related to falls prevention and management - Head Injury Routines, CDD: July 26, 2024
- Intake: #00126385 - Follow-up #: 1 - CO #002/2024\_1087\_0003, O. Reg. 246/22 s. 53 (1) 1., Related to required programs - Head Injury Routines, CDD: September 27, 2024
- Intake: #00126564 - CIS: 2570-000027-24 - Related to falls prevention and management

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### Previously Issued Compliance Order(s)

The following previously issued Compliance Order was found to be in compliance:  
Order #001 from Inspection #2024-1087-0003 related to O. Reg. 246/22, s. 24 (1)

The following previously issued Compliance Orders were found **NOT** to be in compliance:

Order #004 from Inspection #2024-1087-0002 related to O. Reg. 246/22, s. 54 (1)  
Order #002 from Inspection #2024-1087-0003 related to O. Reg. 246/22, s. 53 (1) 1.

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

- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Licensee must investigate, respond and act

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

**Ministry of Long-Term Care**

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**Non-compliance with: FLTCA, 2021, s. 27 (1) (b)**

Licensee must investigate, respond and act

s. 27 (1) Every licensee of a long-term care home shall ensure that,

(b) appropriate action is taken in response to every such incident; and

The licensee failed to ensure that a staff member took the appropriate actions when they were informed of the alleged abuse of a resident.

**Rationale and Summary:**

A staff member was informed of the alleged abuse of a resident.

The Director of Care (DOC) reported that in response to the allegation, the staff member was expected to take certain actions at the time of the incident, although the staff member acknowledged that they failed to respond to the incident as was expected.

As a result of not following the homes expectations for responding to an allegation of abuse, the appropriate steps were not taken to ensure the resident's safety and wellbeing. In addition, an investigation was not initiated immediately and the Director was not informed of the incident as required.

**Sources:** Investigation notes, Critical Incident (CIS) report and interviews with staff.

**WRITTEN NOTIFICATION: Conditions of licence**

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

**Non-compliance with: FLTCA, 2021, s. 104 (4)**

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

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The licensee has failed to comply with the conditions to which the licensee was subject related to Compliance Order (CO) #004 from inspection #2024-1087-0002 for Ontario Regulation (O. Reg.) - s. 54 (1), related to head injury routine (HIR) requirements, with a compliance due date (CDD) of July 26, 2024.

**Rationale and Summary:**

CO #004 from Inspection #2024-1087-0002 stated that the licensee was to complete daily audits to ensure that HIR forms are completed and documented accurately for the residents that meet the criteria for HIR monitoring. Maintain a written record of the date(s) and time(s) of the audits, the name(s) of the person(s) who completed the audits, the outcome of the audits and any corrective action taken because of the audits until this order is complied.

The home initiated 36 HIRs during the specified period. Upon review of the HIR forms, 34 of the 36 forms did not include an initial HIR assessment.

According to the home's HIR requirements, staff were to monitor and document the resident's pulse, respirations, blood pressure, pupil reaction, level of consciousness, limb and/or involuntary body movement, evidence of nausea, vomiting, headache, change in mental status immediately at time of injury. The HIR form also included the requirement for a Glasgow Coma Scale value as well as pupil size and reaction description.

The home's HIR form did not include a column for the initial HIR check, so staff were expected to complete this assessment on a specific assessment form in Point Click Care (PCC).

Upon review of the residents' assessment forms, the documentation did not include

**Ministry of Long-Term Care**

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the requirements as outlined in the home's HIR form for the HIR assessments and the audit forms completed for the HIRs did not indicate any concerns were identified with the initial HIR assessments.

In addition, the audit form completed for the fall of one resident, was checked 'yes' that there were incomplete sections noted on the HIR form for day 1, 2 or 3, but did not include what this was or any actions taken as a result of this, nor was the date, time or signature of the person who completed the audit documented on the form.

Furthermore, the audit that was completed for a second resident, did not identify a ten hour gap between HIR checks 12 and 13, where an eight hour check was required.

The Associate Director of Care (ADOC) acknowledged that there were gaps in the home's auditing process and reported that although they reviewed the specified assessment forms and identified gaps in the documentation of the initial HIR assessments, steps were not taken to address the gaps.

As a result of not identifying and documenting the gaps through the auditing process and taking the appropriate steps to address the identified gaps, incomplete documentation of the HIR assessments continued, which posed a risk that the HIRs for the residents were not being completed as required.

**Sources:** Residents' HIR forms and assessments, audits and interview with the ADOC.

**An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001**

**Ministry of Long-Term Care**

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**NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #001**

**Related to Written Notification NC #002**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$2200.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

**Compliance History:**

There is one Written Notification for FLTCA, 2021, s. 104 (4) for CO #004/2024-1087-0002 for follow-up Inspection #2024-1087-0003, issued September 10, 2024.

This is the second AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

**Ministry of Long-Term Care**

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**WRITTEN NOTIFICATION: Conditions of licence**

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

**Non-compliance with: FLTCA, 2021, s. 104 (4)**

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee has failed to comply with the conditions to which the licensee was subject related to CO #002 from Inspection #2024-1087-0003 for O. Reg. s. 53 (1) 1., related to the falls prevention and management program, specifically HIR requirements, with a CDD of September 27, 2024.

**Rationale and Summary:**

CO #002 from Inspection #2024-1087-0003 stated that the licensee was to:

B) Complete daily audits for the specified resident to ensure that HIR forms are completed and documented accurately for incidents that meet the criteria for HIR monitoring. Audits will be completed until this order is complied.

C) Maintain a written record of the date(s) and time(s) of the audits, the name(s) of the person(s) who completed the audits, the outcome of the audits and any corrective action taken because of the audits.

HIR monitoring was initiated for the resident on three occasions.

Staff were required to monitor and document the resident's pulse, respirations, blood pressure, pupil reaction, level of consciousness, limb and/or involuntary body movement, evidence of nausea, vomiting, headache, change in mental status

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
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immediately at time of injury. The HIR form included the requirement for a Glasgow Coma Scale value as well as pupil size and reaction description.

The initial HIRs were not documented on the HIR forms.

The home's HIR form did not include a column for the initial HIR check, so staff were expected to complete this assessment on a specific assessment form in PCC.

Upon review of the resident's assessment forms in PCC, the documentation did not include the requirements as outlined in the home's HIR form for the HIR assessments.

The audits completed for these HIRs did not identify concerns with the completion of the HIR monitoring.

The ADOC reported that although they reviewed the specific assessment forms and identified gaps in the documentation of the initial HIR assessments, they were not identified on the audits, nor were steps taken to address the gaps.

As a result of not identifying the gaps in the initial HIR assessments on the audit forms and taking the appropriate steps to address the gaps, the incomplete documentation of the initial HIR assessments continued. This posed a risk that the HIRs were not being completed as required and that staff did not have a baseline HIR assessment to ensure that the resident was being accurately assessed during subsequent HIR assessments.

**Sources:** Resident's HIR forms and assessments, audits and interview with the ADOC.



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Long-Term Care Inspections Branch

**London District**

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**An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #002**

**NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #002**

**Related to Written Notification NC #003**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

**Compliance History:**

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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## COMPLIANCE ORDER CO #001 Required programs

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.**

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee must:

1. Review and revise the HIR process and forms to ensure that the process and documentation is completed as per the home's policy. Specifically, ensure that there is clear direction to staff on where to document the initial HIR assessments.
2. Educate the specified staff on any revisions made to the HIR process. Maintain a written record of the education provided, the staff members who completed the education, the date(s) and time(s) the education occurred and the name(s) of the person(s) who provided the education.
3. With any and all audits completed in relation to HIR, review any discrepancies with the policy and actions taken to correct. Continue to complete existing audits as required related to CO #004 from inspection 2024-1087-0002, and CO #002 from inspection 2024-1087-0003 to ensure that the HIR process is completed and documented accurately for the residents that meet the

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

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criteria for HIR monitoring. Maintain a written record of the date(s) and time(s) of the audits, the name(s) of the person(s) who completed the audits, the outcome of the audits and any corrective action taken because of the audits until this order is complied.

**Grounds:**

The licensee has failed to ensure that the home's falls prevention and management program was followed. Specifically, where staff were required to complete documentation for HIR monitoring for a resident.

In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee is required to ensure the home has in place a falls prevention and management program, which includes the monitoring of residents, and that it must be complied with.

Specifically, staff did not comply with the requirements outlined on the home's HIR document.

**Rationale and Summary:**

The licensee's Head Injury Routine policy, that was part of the licensee's Falls Prevention and Management Program, stated that a HIR would be initiated when a resident received an injury to the head, acquired a suspected injury to the head, or had an unwitnessed fall.

The home's HIR monitoring form indicated that staff were to initiate a HIR for all unwitnessed falls and witnessed falls that result in a possible head injury. Staff were to monitor and document the resident's pulse, respirations, blood pressure, pupil reaction, level of consciousness, limb and/or involuntary body movement, evidence

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Long-Term Care Operations Division  
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**London District**

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of nausea, vomiting, headache, change in mental status immediately at time of injury and as scheduled:

q (every) 30 min x 1 hour

q 1 hour x 4 hours

q 8 hours x 56 hours or until directed by the physician to cease monitoring.

The HIR form that was initiated for the resident did not include an initial HIR assessment, and the initial HIR assessment was not documented in the resident's PCC records as was expected.

There was risk to the resident that signs of a head injury may not be detected, related to the absence of documentation of the initial HIR assessment.

**Sources:** Interviews with staff; review of clinical records and Head Injury Routine policy.

**This order must be complied with by** January 14, 2025

**An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #003**

**NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #003**

**Related to Compliance Order CO #001**

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Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$5500.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

**Compliance History:**

**There is one Compliance Order with O. Reg. 246/22, s. 53 (1) 1, issued for the CIS inspection #2024-1087-0003 on September 10, 2024.**

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

**NOTICE OF RE-INSPECTION FEE**

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Long-Term Care Inspections Branch

**London District**

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Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021, the licensee is subject to a re-inspection fee of \$500.00 to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

This is the second follow-up inspection for CO #004 from inspection #2024-1087-0002

Licensees must not pay a Re-Inspection Fee from a resident-care funding envelope provided by the Ministry (i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)). By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the Re-Inspection Fee.

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## REVIEW/APPEAL INFORMATION

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
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**London District**

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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:





**Inspection Report Under the  
Fixing Long-Term Care Act, 2021**

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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).