Ontario

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

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

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Public Report

Report Issue Date: June 18, 2025
Inspection Number: 2025-1390-0004
Inspection Type: Critical Incident
Licensee: 2063414 Ontario Limited as General Partner of 2063414 Investment LP
Long Term Care Home and City: Fieldstone Commons Community, Scarborough

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: June 4, 18, 2025

The following intake was inspected:

- Intake: #00143397- Critical Incident System (CIS) #2906-000010-25 – related to falls prevention and management.

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

Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Falls prevention and management

NC #001 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. 246/22, s. 54 (1).

The licensee has failed to ensure that staff complied with the home's falls prevention and management program related to head injury routine (HIR) monitoring after a resident sustained a fall.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the falls prevention and management program were complied with.

Specifically, the home's HIR policy under the home's falls program indicates that the HIR was to be completed as per the scheduled outlined on the tool. A resident sustained an unwitnessed fall and the HIR monitoring was initiated. The next scheduled HIR check was crossed out without any supporting rationale. The Associate Director of Care (ADOC) stated that based on the home's HIR policy, the scheduled checks should be completed and if it was not completed, a rationale should be documented on the HIR monitoring sheet or on the resident's progress notes.

Sources: Home's policy titled, Head Injury Routine, VII-G-30.20, dated November 2024; Review of the HIR monitoring form completed for this fall; A resident's progress notes; Interview with the ADOC.