

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: April 3, 2025

Inspection Number: 2025-1315-0002

Inspection Type:

Complaint

Critical Incident

Licensee: 2063414 Ontario Limited as General Partner of 2063414 Investment LP

Long Term Care Home and City: Barnswallow Place Community, Elmira

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 25-28, 31, 2025 and April 1-3, 2025

The following intake(s) were inspected:

- Intake: #00139148 -IL-0136622-AH/2830-000002-25 related to an Outbreak
- Intake: #00140603 -2830-000004-25 Related to an outbreak
- Intake: #00141122 -2830-000005-25 related to an unwitnessed fall of resident
- Intake: #00141267 -IL-0137448-AH/2830-000006-25 Related to an Outbreak
- Intake: #00142695 -2830-000007-25 related to controlled substance/missing for resident
- Intake: #00142762 -IL-0138105-CW : Complainant related to concerns regarding chair and bed alarms and a fall.

The following intake were completed in this inspection:

- Intake: #00138143 -IL-0136247-AH/2830-000001-25 Related to an unwitnessed fall of resident

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

Medication Management

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Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee failed to ensure that a resident was reassessed, the plan of care reviewed and the fall prevention strategy removed from their care plan when it was deemed not necessary.

Sources: a resident's clinical record, interview with a Personal Support Worker and others.

Date Remedy Implemented: March 31, 2025

WRITTEN NOTIFICATION: Falls Prevention and Management

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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. 246/22, s. 54 (1).

The licensee failed to ensure strategies were implemented from the falls prevention program to reduce the risk of falls when a resident's fall prevention equipment was not connected properly one day.

Sources: Video footage, resident clinical record, interview with Registered Practical Nurse and others.

WRITTEN NOTIFICATION: Reports re critical incidents

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

Non-compliance with: O. Reg. 246/22, s. 115 (3) 3.

Reports re critical incidents

s. 115 (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):

3. A missing or unaccounted for controlled substance.

The licensee has failed to ensure that the Director was informed within one business day after the occurrence of the medication incident where a resident's medication was unaccounted for. The home did not report this medication incident to the Director until four business days after they became aware.

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Sources: CIS report submitted to the director and interview with the Director of Care (DOC).

WRITTEN NOTIFICATION: Administration of drugs

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

Non-compliance with: O. Reg. 246/22, s. 140 (2)

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The licensee failed to ensure that a resident's medication was administered in accordance with the directions for use specified by the prescriber.

Sources: Home's investigation notes, Medication Pass Policy and interview with Director of Care (DOC).

WRITTEN NOTIFICATION: Drug destruction and disposal

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 148 (2) 1.

Drug destruction and disposal

s. 148 (2) The drug destruction and disposal policy must also provide for the following:

1. That drugs that are to be destroyed and disposed of shall be stored safely and securely within the home, separate from drugs that are available for administration to a resident, until the destruction and disposal occurs.

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The licensee failed to ensure that a narcotic that was to be disposed of was stored safely and separately from drugs that were available for administration to a resident, until the disposal occurred. When a resident was given their dose of medication, the registered staff did not dispose the remaining amount. They kept and stored it in the resident's medication bin with other medications for administration for a future dose.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the Destruction and Disposal of Narcotic and Controlled Medications are complied with. Specifically, the home's Destruction and Disposal of Narcotic and Controlled Medications policy directed registered staff to ensure that narcotic medications are securely stored and double locked until they are destroyed, that any narcotic medication that is for disposal is stored in a "one-way" access double locked box, separate from any medication for administration to a resident until destroyed and that wasted doses of narcotic medication, for instance an injectable with left over medication are destroyed during shift by nursing staff and another staff member.

Sources: Medication cart observation, Observation of a resident's medication bin, Destruction and Disposal of Narcotic and Controlled Medications Policy, the home's investigation notes, Interviews with the Director of care and others.