

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

Ottawa District  
347 Preston Street, Suite 410  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559

## Original Public Report

Report Issue Date: September 05, 2024

Inspection Number: 2024-1571-0005

Inspection Type:  
Proactive Compliance Inspection

Licensee: The Corporation of the County of Prince Edward

Long Term Care Home and City: H.J. McFarland Memorial Home, Picton

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 26, 27, 28, 29, 30, 2024 and September 3, 4, 5, 2024

The following intake(s) were inspected:

- Intake: #00124778 - Proactive Compliance Inspection (PCI)

The following Inspection Protocols were used during this inspection:

Skin and Wound Prevention and Management  
Resident Care and Support Services  
Food, Nutrition and Hydration  
Medication Management  
**Residents' and Family Councils**  
Safe and Secure Home  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Staffing, Training and Care Standards  
Quality Improvement  
**Residents' Rights and Choices**

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Pain 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: O. Reg. 246/22, s. 271 (1) (e)

Website

s. 271 (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,

(e) the current report required under subsection 168 (1);

The licensee has failed to ensure that the required Continuous Quality Improvement (CQI) Report was published on the home's website when reviewed on September 3, 2024.

On September 4, 2024, the CQI Report was located on the home's website.

Sources: Review of the home's website and an interview with Administrator #105.

Date Remedy Implemented: September 4, 2024

### WRITTEN NOTIFICATION: Documentation

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

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Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that bathing was documented for a resident on a specified day in August, 2024.

Sources: Resident's Point-of-Care (POC) documentation, and an interview with ADOC #106.

## WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience Survey

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

Non-compliance with: FLTCA, 2021, s. 43 (1)

Resident and Family/Caregiver Experience Survey

s. 43 (1) Every licensee of a long-term care home shall ensure that, unless otherwise directed by the Minister, at least once in every year a survey is taken of the residents, their families and caregivers to measure their experience with the home and the care, services, programs and goods provided at the home.

The licensee has failed to ensure that the resident and family/caregiver experience survey is taken of the residents and their families/caregivers at least once in every year.

Sources: Absence of 2023 family/caregiver experience survey, and an interview with Administrator #105.

## WRITTEN NOTIFICATION: Retraining

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

Non-compliance with: FLTCA, 2021, s. 82 (4)

Training

s. 82 (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations.

The licensee has failed to ensure that annual retraining as required in O. Reg. 246/22, s. 260 (1), regarding infection prevention and control included cleaning and disinfection practices.

Sources: Review of the home's annual PowerPoint for IPAC, and an interview with the IPAC Lead #106.

## WRITTEN NOTIFICATION: Air temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (3)

Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee has failed to ensure that the air temperature was measured and documented at least once every evening or night.

Sources: Air Temperature logs record review. Interview with Administrator #105.

## WRITTEN NOTIFICATION: General requirements

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee has failed to ensure that a written record relating to the pain management and skin and wound care program included the names of the persons who participated in the evaluation.

Sources: Review of the 2024 pain management and skin and wound care program evaluation, and an interview with DOC #104 and IPAC Lead/ADOC #106.

## WRITTEN NOTIFICATION: Nursing and personal support services

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 35 (4)

Nursing and personal support services

s. 35 (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee has failed to keep a written record relating to the evaluation of the staffing plan, that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were

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implemented.

Sources: Absence of Staffing Plan Evaluation, Interview with Administrator.

## WRITTEN NOTIFICATION: Nutritional care and hydration programs

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;

The licensee has failed to ensure that their written policy related to nutritional care and dietary services was complied with.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that their written policy related to nutritional care and dietary services is complied with. Specifically, staff did not comply with the Food Temperature Recording - Production Policy # XI-F-20.40, when they did not record the cold and hot food temperatures on the Production Sheet.

Sources: Week two production sheets, Food Temperature Recording - Production Policy # XI-F-20.40, interview with NCM #110 and Cook #109.

## WRITTEN NOTIFICATION: Orientation

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: O. Reg. 246/22, s. 259 (2) (c)

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,  
(c) signs and symptoms of infectious diseases;

The licensee has failed to ensure that the orientation training regarding infection prevention and control (IPAC) included signs and symptoms of infectious diseases.

Sources: Review of the home's orientation PowerPoint for IPAC, and an interview with IPAC Lead #106.

## WRITTEN NOTIFICATION: CMOH and MOH

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 272

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The licensee has failed to ensure that a recommendation issued by the Chief Medical Officer of Health or a medical officer of health appointed under the *Health Protection and Promotion Act* are followed in the home. In accordance with additional requirement 3.1 under the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings (April, 2024), the licensee shall ensure alcohol-based hand rubs (ABHR) are not expired.

Sources: Inspector 740792's observations.

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## WRITTEN NOTIFICATION: Protection of privacy in reports

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 351 (2) 1.

Protection of privacy in reports

s. 351 (2) Where an inspection report mentioned in clause (1) (a), (c) or (d) contains personal information or personal health information, only the following shall be posted, given or published, as the case may be:

1. Where there is a finding of non-compliance, a version of the report that has been edited by an inspector so as to provide only the finding and a summary of the evidence supporting the finding.

The licensee has failed to ensure that where an inspection report contains personal information, or personal health information (PHI), only a version of the report that has been edited by an inspector to provide only the finding and a summary of the evidence supporting the finding, shall be posted or given to resident council. Specifically, inspection reports dated May 23, 2024 and July 19, 2024, containing PHI, were given to resident council and posted within the home.

Sources: Observation of Resident & Family Council Board, Review of Resident Council Meeting Minutes Binder, Interview with DOC.