

**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:** June 12, 2025

**Inspection Number:** 2025-1579-0002

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** Corporation of the County of Grey

**Long Term Care Home and City:** Rockwood Terrace Home for the Aged, Durham

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 26-30, 2025 and June 2-5, 9-11, 2025

The following intake(s) were inspected:

- Intake: #00147702 - Proactive Compliance Inspection

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

Resident Care and Support Services  
Skin and Wound Prevention and Management  
Food, Nutrition and Hydration  
Residents' and Family Councils  
Medication Management  
Infection Prevention and Control  
Safe and Secure Home  
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 failed to ensure that the home's website contained the home's current Continuous Quality Initiative report which was updated during the course of the inspection.

Source: Review of the Rockwood Terrace Home for the Aged website and interview with the home's Administrator.

### WRITTEN NOTIFICATION: Air Temperature

NC #002 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

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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 air temperatures were measured and documented on multiple occasions.

Sources: Temperature logs , interview with staff.

## **WRITTEN NOTIFICATION: Skin and wound care**

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

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)**

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee has failed to ensure that a resident exhibiting an altered skin integrity was reassessed at least weekly by an authorized person.

Sources: Medical record review of the resident and interview with staff.

## **WRITTEN NOTIFICATION: Infection prevention and control program**

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

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

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s. 102 (2) The licensee shall implement,  
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

In accordance with Additional Requirement 9.1 (b) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure two staff members conducted hand hygiene using an alcohol-based hand rub.

Source: Observations and interview with staff.

## **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 (6)**

Drug destruction and disposal

s. 148 (6) For the purposes of this section a drug is considered to be destroyed when it is altered or denatured to such an extent that its consumption is rendered impossible or improbable. O. Reg. 246/22, s. 148 (6).

The Licensee has failed to ensure that medications were denatured at the time of their disposal and destruction.

Sources: Home policy Medication Destruction and Disposal, Interview with staff.

## **COMPLIANCE ORDER CO #001 Food production**

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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**Non-compliance with: O. Reg. 246/22, s. 78 (3) (b)**

Food production

s. 78 (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,

(b) prevent adulteration, contamination and food borne illness. O. Reg. 246/22, s. 78 (3).

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

The licensee shall:

A) Train all full time and part time dietary staff, and any staff cross-trained to work as dietary staff, on taking and recording refrigerator temperatures, taking and recording food temperatures at point of service and production. A record of the content of the training, person who provided the training, and individuals who attended the training should be kept in the home.

B) Conduct weekly audits of all walk-in and reach-in food service refrigerators for one month to ensure staff document the temperatures. These audits will include the date and time the audit is being completed, by who, and corrective actions taken, including following up with staff who should have reviewed/identified the concern.

C) Conduct three meal service audits per week of temperatures being taken during production and at point of service for two weeks or until no deficiencies are identified. The audits should capture different meal service times and dining areas. These audits will include the date and time the audit is being completed, by who, the foods being served, any missing recorded temperatures, any food temperatures outside the range defined by the home's Temperature Policies and any corrective actions taken.

D) Train all full time and part time dietary staff and any staff cross-trained to work as dietary staff, on the home's Food Temperature Recording Policy related to safely

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storing cold food items. A record of the content of the training, person who provided the training, and individuals who attended the training should be kept in the home.

**Grounds**

The licensee has failed to ensure that all food and fluids in the food production system were prepared, stored, and served using methods to prevent adulteration, contamination and food borne illness.

a) The Long Term Care Home's (LTCH) Food Temperature Recording— Production Policy recommended recording food temperatures.

A review of point of service food temperatures records indicated several undocumented food temperatures at different meals. There were no records of food production temperatures.

Failing to record temperatures at production and at point of service put residents at risk of food borne illness.

Sources: Observations, interviews with staff, review of temperature records and Temperature Recording— Production policy.

b) The home's Refrigerator and Freezer Temperatures Policy indicated that the dietary team will complete the refrigerator temperatures documentation.

A review of temperature records indicated several undocumented temperatures.

By failing to consistently document fridge temperatures on the designated times, it put the residents' food supply at risk of being stored at unsafe temperatures.

Sources: observations; interviews with staff, review of Refrigerator/Freezer

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Temperatures Policy, review of Refrigerator and Freezer Temperature Audit forms.

c) A review of Food Temperature Recording— Production Policy indicated that dietary team was to place all cold food on insulated cold plates or ice.

Inspectors observed cold foods not placed in the fridge or on ice prior to service.

Failing to keep cold foods and fluids in the fridge or on ice put the residents at risk of food borne illness.

Sources: Observations, interviews with staff, review of temperature records and Temperature Recording— Production Policy.

**This order must be complied with by** July 31, 2025

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

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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:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor

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**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).