

Public Report

Report Issue Date: September 17, 2025

Inspection Number: 2025-1419-0004

Inspection Type:
Proactive Compliance Inspection

Licensee: St. Joseph's at Fleming

Long Term Care Home and City: St. Joseph's at Fleming, Peterborough

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 3 - 5, 8 -11, and 15 -17, 2025.

The following intake(s) were inspected:

Intake - 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
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Quality Improvement
- Staffing, Training and Care Standards
- Residents' Rights and Choices
- Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

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

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

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

The licensee failed to ensure that a resident's written plan of care provided clear directions to staff responsible for direct care.

Sources: Resident's clinical records and interviews with staff.

WRITTEN NOTIFICATION: Communication and response system

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

Non-compliance with: O. Reg. 246/22, s. 20 (b)

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

(b) is on at all times;

The licensee failed to ensure that a resident's communication and response system was consistently operational.

Sources: Observation and staff interviews.

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: O. Reg. 246/22, s. 29 (3) 10.

Plan of care

s. 29 (3) A plan of care must be based on, at a minimum, interdisciplinary assessment

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of the following with respect to the resident:

10. Health conditions, including allergies, pain, risk of falls and other special needs.

The licensee failed to ensure an interdisciplinary assessment was completed when developing a resident's plan of care to manage the resident's health condition.

Sources: Resident's clinical records, and interview with staff.

WRITTEN NOTIFICATION: Required programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.

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:

4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

1. The licensee failed to ensure compliance with the pain and palliative management policies when administering a medication to a resident.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to implement and comply with the pain management program to identify and manage residents' pain.

Specifically, registered nursing staff did not follow the licensee's pain and palliative management program.

Sources: The home's policy, the home's program, resident's clinical records.

2. The licensee failed to ensure compliance with the pain management policy when administering a medication to a resident.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to implement and comply with the pain management program to identify and manage residents' pain.

Specifically, registered nursing staff did not follow the licensee's pain management program.

Sources: The home's policy, resident's clinical records.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

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

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

Nutritional care and hydration programs

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

(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and

The licensee failed to ensure that there was a system to monitor and evaluate the fluid intake of residents.

Source: Residents' clinical records, the home's program, and interviews with staff.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

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

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

Nutritional care and hydration programs

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

(e) a weight monitoring system to measure and record with respect to each resident,
(i) weight on admission and monthly thereafter, and

The licensee failed to ensure the implementation of their weight monitoring system to weigh a resident monthly.

Sources: Resident's clinical records, the home's policy, and interview with staff.

WRITTEN NOTIFICATION: Weight changes

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

Non-compliance with: O. Reg. 246/22, s. 75 1.

Weight changes

s. 75. Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. A change of 5 per cent of body weight, or more, over one month.

The licensee failed to ensure that two residents with significant weight changes were assessed using an interdisciplinary approach, and that actions were taken and outcomes were evaluated, when the residents had a change of five percent of body weight or more, over one month.

Sources: The home's policy, residents' clinical records, and interviews with staff.

WRITTEN NOTIFICATION: Dining and snack service

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

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

The licensee failed to ensure that foods and fluids were served at a temperature that was safe and palatable to the resident.

Sources: The home's Food Temperature Log, interviews with staff.

WRITTEN NOTIFICATION: Medication management system

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

Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)

Medication management system

s. 123 (3) The written policies and protocols must be,

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(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

1. The licensee failed to ensure that the written medication policy and protocols developed for medication management and destruction were implemented.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to implement and comply with the medication management system that provided safe medication management.

Specifically, drugs designated for destruction were to be discarded in a safe and environmentally appropriate container.

Sources: The home's policy, and staff interview.

2. The licensee failed to ensure that the written medication policy and protocols developed for medication management and destruction were implemented.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to implement and comply with the medication management system that ensured safe destruction and disposal of all drugs used in the home.

Specifically, discontinued medicated treatment creams for a resident were not removed from the medication cart following the discontinuation of the treatment creams.

Sources: The home's policy, resident's clinical records, observation, and interview with staff.

3. The licensee failed to ensure that the written medication policy and protocols developed for medication management was implemented.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to implement and comply with the medication management system that provided safe medication management.

Specifically, the medication count record for a resident did not maintain a distinct separation between routine (scheduled) and as needed (PRN) medications.

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Sources: The home's policy, the home's internal records.

WRITTEN NOTIFICATION: Medication incidents and adverse drug reactions

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

Non-compliance with: O. Reg. 246/22, s. 147 (1) (a)

Medication incidents and adverse drug reactions

s. 147 (1) Every licensee of a long-term care home shall ensure that every medication incident involving a resident, every adverse drug reaction, every use of glucagon, every incident of severe hypoglycemia and every incident of unresponsive hypoglycemia involving a resident is,

(a) documented, together with a record of the immediate actions taken to assess and maintain the resident's health; and

The licensee failed to ensure that a medication incident involving a resident was documented, together with a record of the immediate actions taken to assess and maintain the resident's health.

Sources: The home's internal records, resident's clinical records.

WRITTEN NOTIFICATION: Medication incidents and adverse drug reactions

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

Non-compliance with: O. Reg. 246/22, s. 147 (1) (b)

Medication incidents and adverse drug reactions

s. 147 (1) Every licensee of a long-term care home shall ensure that every medication incident involving a resident, every adverse drug reaction, every use of glucagon, every incident of severe hypoglycemia and every incident of unresponsive hypoglycemia involving a resident is,

(b) reported to the resident, the resident's substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the resident's attending physician or the registered nurse in the extended class attending the resident and, if applicable, the prescriber of the drug and the pharmacy service provider. O. Reg. 66/23, s. 30.

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The licensee failed to ensure that a medication incident involving a resident was reported to the resident's substitute decision-maker.

Sources: The home's internal records, resident's clinical records.

WRITTEN NOTIFICATION: Medication incidents and adverse drug reactions

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 147 (2)

Medication incidents and adverse drug reactions

s. 147 (2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,

(a) all medication incidents, incidents of severe hypoglycemia, incidents of unresponsive hypoglycemia, adverse drug reactions and every use of glucagon are documented, reviewed and analyzed;

(b) corrective action is taken as necessary; and

(c) a written record is kept of everything required under clauses (a) and (b). O. Reg. 66/23, s. 30.

The licensee failed to ensure that a medication incident involving a resident was reviewed and analyzed, that corrective action was taken as recommended by the pharmacist, and that a complete written record was maintained.

Sources: The home's internal records, resident's clinical records.



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

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