

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

Public Report

Report Issue Date: September 19, 2025

Inspection Number: 2025-1456-0005

Inspection Type:

Complaint
Critical Incident

Licensee: Almonte General Hospital

Long Term Care Home and City: Fairview Manor, Almonte

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 15, 16, 17, 18, 19, 2025

The following intake(s) were inspected:

- Intake: #00150429 - Alleged resident to resident physical abuse
- Intake: #00150468 - Complainant with concerns regarding resident to resident verbal and physical abuse
- Intake: #00154453 - Call bell system malfunction

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

Safe and Secure Home
Prevention of Abuse and Neglect
Responsive Behaviours

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Emergency Plans-Communication and Response System

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

Non-compliance with: O. Reg. 246/22, s. 268 (8) (a)

Emergency plans

s. 268 (8) The licensee shall ensure that the emergency plans for the home are evaluated and updated,

(a) at least annually, including the updating of all emergency contact information of the entities referred to in paragraph 4 of subsection 268 (4); and

The licensee has failed to ensure that their emergency plan is updated on an annual basis. Specifically, the homes Code Grey policy related to Major Systems failures was last reviewed and updated in March 2023.

Sources: Homes Code Grey policy "Major Systems Failure" last reviewed March 2023, and interviews with the Environmental Services Manager and ADOC.

COMPLIANCE ORDER CO #001 Emergency plans

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 268 (5)

Emergency plans

s. 268 (5) The licensee shall ensure that the emergency plans address the following components:

1. Plan activation, including identifying who or which entity declares there is an emergency at the home and who or which entity declares that the emergency is over at the home, as agreed upon by the entities the licensee consulted with under

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clause (3) (a).

2. Lines of authority.
3. A communications plan.
4. Specific staff roles and responsibilities.

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

A) Review and update and implement their emergency plan regarding Code Grey and specifically their Major systems failure policy outlining, the lines of authority, who declares the emergency initially and who declares it over, specific roles and responsibilities of all staff involved and a communication plan.

B) Educate all staff on the updated code grey policy, specific to the failure of the communication response system.

C) Written records, which will include the date the education was provided and by whom, of A, and B shall be maintained until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

Grounds

The licensee has failed to ensure when a there is a loss of essential service in the home, that there is a plan in place to outline, who declares the emergency when it occurs and when it ends, who the lines of authority are, specific staff roles and responsibilities as well as the communication plan to those affected by the emergency. Specifically, the home did not declare a Code Grey when a major systems failure of the communication and response system on August 2, 2025 occurred, along with not communicating the failure to residents, families, resident and family councils, and not being able to get manual call bells for residents use

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until August 5, 2025.

Sources: Homes Code Grey policy related to Major Systems failure last reviewed March 2023, Nursing schedule for August 2025, interviews with a PSW, RN's, maintenance staff, an RPN, the environmental services manager and the ADOC.

This order must be complied with by November 7, 2025

COMPLIANCE ORDER CO #002 Emergency plans

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 268 (6)

Emergency plans

s. 268 (6) The licensee shall ensure that the communications plan referred to in paragraph 3 of subsection (5) includes a process for the licensee to ensure frequent and ongoing communication to residents, substitute decision-makers, if any, staff, volunteers, students, caregivers, the Residents' Council and the Family Council, if any, on the emergency in the home including at the beginning of the emergency, when there is a significant status change throughout the course of the emergency, and when the emergency is over.

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

The licensee shall:

A) Develop and implement an emergency communications plan for dealing with emergencies resulting in a major systems failure of the communication response system in the home.

B) Provide a written copy of the communications plan dealing with the communication response system referencing inspection # 2025_1456_0005 and

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compliance order # to the Ministry of Long Term care by email to
OttawaDistrict.MLTC@ontario.ca by November 7, 2025.

C)Please ensure that the submitted document does not include any PI/PHI

Grounds

The licensee has failed to ensure that when their communication and response system was malfunctioning on August 2, 2025- August 11, 2025 and September 1 ,2025- September 3, 2025 that the breakdown was communicated to residents, families, residents and family councils as to when it occurred and when it was resolved.

The homes policy titled Major Systems failure, does not include a communication plan for advising staff, residents, families or resident and family councils of a major system breakdown.

Sources: Homes Code Grey policy related to Major Systems failure last reviewed March 2023, interviews with a family member, residents, an RPN, and the ADOC.

This order must be complied with by November 7, 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, 8th floor
Toronto, ON, M7A 1N3

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e-mail: MLTC.AppealsCoordinator@ontario.ca

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:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: 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.