

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

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: January 13, 2026

Inspection Number: 2025-1561-0008

Inspection Type:

Complaint
Critical Incident

Licensee: Corporation of the City of Brantford and the Corporation of the County of Brant

Long Term Care Home and City: John Noble Home, Brantford

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: December 9, 11, 15, 16, 17, 19, 22, 2025 and January 5, 7, 8, 9, 12, 13, 2026

The inspection occurred offsite on the following dates: December 10, 12, 23, 2025 and January 6, 2026

The following intakes were inspected:

- Intake: #00159669 - Critical Incident System report (CIS) M544-000026-25 - related to falls prevention and management
- Intake: #00161219 - Complaint - related to medication management, falls prevention and management, infection prevention and control, skin and wound care, resident rights, and resident care and support services
- Intake: #00161365 - CIS: M544-000028-25 - related to falls prevention and management
- Intake: #00164425 - CIS: M544-000030-25 - related to falls prevention and management
- Intake: #00166108 - CIS: M544-000031-25 - related to infection prevention and control

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Medication Management
Infection Prevention and Control

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Residents' Rights and Choices
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: O. Reg. 246/22, s. 102 (7) 11.

Infection prevention and control program

s. 102 (7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:

11. Ensuring that there is in place a hand hygiene program in accordance with any standard or protocol issued by the Director under subsection (2) which includes, at a minimum, access to hand hygiene agents at point-of-care. O. Reg. 246/22, s. 102 (7).

Alcohol-based hand rub (ABHR) was not available at point of care as required in several areas of the home. The Infection Prevention and Control (IPAC) Lead was notified of the deficiency which was observed to be remedied in a timely manner.

Sources: Observations and interview with staff.

Date Remedy Implemented: January 8, 2026

WRITTEN NOTIFICATION: Inclusion in plan of care

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

Non-compliance with: FLTCA, 2021, s. 36 (4) 4.

PASDs that limit or inhibit movement

s. 36 (4) The use of a PASD under subsection (3) to assist a resident with a routine activity of living may be included in a resident's plan of care only if all of the following are satisfied:

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4. The use of the PASD has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent.

The home did not obtain the consent of a resident's Substitute Decision-Maker as was required, prior to initiating the use of a personal assistance services device (PASD).

Sources: Resident's health care records and interview with staff.

WRITTEN NOTIFICATION: Required programs

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

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

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:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

Glasgow Coma Scale monitoring was not completed for two residents as required under the home's falls prevention and management program.

Sources: Residents' health care records, policy review and interviews 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

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 IPAC Standard for Long-Term Care Homes, revised September 2023, issued by the Director, was not complied with.

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A) In accordance with Additional Requirement: Personal Protective Equipment (PPE), section 6.1, of the IPAC Standard for Long-Term Care Homes, the licensee shall make PPE available and accessible to staff and residents, appropriate to their role and level of risk. This shall include having a PPE supply and stewardship plan in place and ensuring adequate access to PPE for Routine Practices and Additional Precautions.

Required PPE was not readily available and accessible in isolation carts outside three resident rooms where additional precaution signage was posted.

Sources: Observations and interview with staff.

B) In accordance with Additional Requirements: Routine Practices and Additional Precautions, section 9.1 (f) of the IPAC Standard for Long-Term Care Homes, Routine Practices and Additional Precautions are to be followed in the IPAC program. At minimum, Additional Precautions shall include additional PPE requirements including appropriate selection application, removal and disposal.

A staff member was observed entering a resident room with no PPE where PPE was required. In addition, a second staff member entered a resident room without wearing the full PPE that was required.

Sources: Observations and interviews with staff.

C) In accordance with Hand Hygiene Program, section 10.4 (h) of the IPAC Standard for Long-Term Care Homes, there should be support for residents to perform hand hygiene (HH) prior to receiving meals and snacks, and after toileting.

A staff member was observed to not offer HH to three residents prior to a meal service, as was required.

Sources: Observations and interviews with staff.

WRITTEN NOTIFICATION: Infection prevention and control program

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

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Non-compliance with: O. Reg. 246/22, s. 102 (4) (g)

Infection prevention and control program

s. 102 (4) The licensee shall ensure,

(g) that the program is implemented in a manner consistent with the precautionary principle as set out in the standards and protocols issued by the Director under subsection (2) and the most current medical evidence. O. Reg. 246/22, s. 102 (4).

The IPAC program policies did not fully implement recommendations in a manner consistent with the precautionary principle as set out in the standards and protocols issued by the Director under subsection (2) and the most current medical evidence when current standards, guidance documents and recommendations were not referenced in the home's current IPAC policies.

Sources: IPAC policies and interview with staff.

WRITTEN NOTIFICATION: Safe storage of drugs

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

Non-compliance with: O. Reg. 246/22, s. 138 (1) (b)

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,

(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

On two separate home areas, the Inspector observed that the controlled substance and narcotic bins within the medication carts were not locked as was required.

Sources: Observations, policy review, and interviews with staff.

COMPLIANCE ORDER CO #001 Medication management system

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

Medication management system

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

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

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

The licensee must:

- A) Provide retraining to all identified staff regarding the specified policies.
- B) Maintain a record of the training provided, including the content, date, name and signature of attendants, and the name of staff member(s) who provided the education.
- C) Complete weekly audits as specified to ensure that staff are following the home's policies. Audits are to be completed until this order is complied.
- D) Maintain a record of all audits, including the location of the audit, name of the staff member who completed the audit and any action taken as a result of any deficiencies noted.

Grounds

The home's medication management system policies were not implemented accurately as required.

- A) Medication fridge temperature logs were not completed each shift as was required.
- B) Individual Controlled Substance and Narcotic Drug Forms were not completed accurately as required.
- C) Wastage of narcotic and controlled medications was not completed accurately as required per the home's policy.
- D) Medications were not accessed from the Emergency Drug Box (ebox) when required as per the home's policy.

As a result of not following the home's medication management system policies, documentation of controlled substances and temperature readings were not completed accurately as was required.

Sources: Observations, resident clinical records, medication management system policies, meeting minutes, logbooks and interviews with staff.

This order must be complied with by February 27, 2026

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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
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

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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, 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
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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.