

**Ministry of Long-Term Care**

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

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

**Original Public Report**

|   |   |
|---|---|
| <b>Report Issue Date: June 21, 2024</b>                   |   |
| <b>Inspection Number:</b> 2024-1206-0001                  |   |
| <b>Inspection Type:</b><br>Complaint<br>Critical Incident |   |
| <b>Licensee:</b> The District Municipality of Muskoka     |   |
| <b>Long Term Care Home and City:</b> Fairvern, Huntsville |   |
| <b>Lead Inspector</b><br>Loviriza Caluza (687)            | <b>Inspector Digital Signature</b><br>Loviriza P Caluza<br><small>Digitally signed by Loviriza P Caluza<br/>Date: 2024.07.09 13:03:18 -0400</small> |
| <b>Additional Inspector(s)</b>                            |   |

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): May 6 to10, and 13 to 15, 2024.

The following intake(s) were inspected:

- One Complaint intake related to staffing, resident care services, and dining.
- One Critical Incident (CI) intake, related to an alleged improper/incompetent care of a resident by staff members.
- One CI intake related to multiple concerns of a complainant submitted by the home.
- One CI intake related a resident's fall that resulted in an injury.
- One CI intake related to an alleged resident to resident physical abuse.

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

- Resident Care and Support Services
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Responsive Behaviours
- Reporting and Complaints
- Falls Prevention and Management

## INSPECTION RESULTS

WRITTEN NOTIFICATION: No clear direction in the 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 has failed to ensure that the written plan of care for a resident set out clear directions to staff and others who provided direct care to the resident.

Rationale and Summary

A resident had a number of fall incidents since their admission to the home. A physician's order for an intervention while their medications were being adjusted was identified.

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Registered Nurse (RN) and the Falls Prevention Lead verified that the physician's order for the resident's specific intervention to staff members was not clear.

Failure to set out clear directions to staff members had resulted in inconsistencies with resident's care and had posed safety risk for the resident.

Sources: CI report; resident's paper and electronic medical records; review of the home's policy, and interview with the RN and the Falls Prevention Lead.

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WRITTEN NOTIFICATION: Plan of Care not reviewed and revised.

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,  
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that a resident's plan of care was reviewed and revised when their care needs has changed, or care set out in the plan of care was no longer necessary.

A resident had unwitnessed fall incidents and had sustained specific injuries. Their assessment record indicated that they were of specific risk for falls, and their care plan record indicated a number of falls prevention interventions.

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The Falls Prevention Lead verified that the resident's specific falls prevention interventions were discontinued due to several factors, and that their care plan was not revised.

Failure to review and revise the plan of care when the resident's care needs has changed posed a risk and inconsistency of care delivery to the resident.

Sources: A CI report; resident's paper and electronic medical records; review of the home's policy; fall risk screening, and interview with staff member and the Falls Prevention Lead.

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WRITTEN NOTIFICATION: Falls Prevention and Management Strategies

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

Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The home has failed to implement falls prevention and management strategies which included the monitoring of a resident post fall incident.

Rationale and Summary

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A resident had a number of unwitnessed fall incidents that resulted in injuries. A specific assessment record was initiated on a specified date but, the entirety of the record was not completed.

The RN and the Director of Resident Care (DRC) were both interviewed and acknowledged that the assessment record and the entirety of it was supposed to be completed but, it was not.

Failure of a registered staff member to complete the entirety of an assessment on a resident with a specified injury had posed a risk to the resident. However, the impact to the resident at that time was low.

Sources: A CI Report; review of the home's policy; review of resident's medical records, and interview with RN and the DRC.

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WRITTEN NOTIFICATION: Infection Prevention and Control Program Routine Practices

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 licensee has failed to ensure that a staff member participated in the

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implementation of the Infection Prevention and Control (IPAC) Program, related to providing treatment to a resident and disinfection of equipment used.

Rationale and Summary

A resident was observed with a specific isolation signage on a specified date. A Registered Practical Nurse (RPN) was observed with a treatment tray after providing care to the resident.

The Infection Prevention and Control (IPAC) Lead was interviewed and verified that the staff member was to follow the specified isolation signage, and to disinfect the treatment tray after use.

Failure of a staff member to participate in the implementation of IPAC program had placed themselves and others at risk. However, the impact was determined to be low at that time.

Sources: Observation of staff members; review of the resident's medical records; review of the home's policy, and interview with RPN and the IPAC Lead.

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WRITTEN NOTIFICATION: Falls Prevention and Management Program annual training.

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

Non-compliance with: O. Reg. 246/22, s. 261 (1) 1.

Additional training — direct care staff

s. 261 (1) For the purposes of paragraph 6 of subsection 82 (7) of the Act, the

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following are other areas in which training shall be provided to all staff who provide direct care to residents:

1. Falls prevention and management.

The licensee has failed to ensure that a staff member who provided direct care to residents received their annual training in falls prevention and management program.

Rationale and Summary

Personal Support Worker (PSW) was interviewed related to a resident's fall incident on a specified date. The PSW stated that they did not receive their annual training for Falls Prevention and Management Program.

The Falls Prevention Lead verified that the staff member had not received their annual training for the specified years.

Failure of the home to conduct an annual staff training on Falls Prevention and Management Program would pose a risk to residents' safety. However, at the time of the inspection, the impact was determined to be low.

Sources: Observation of resident; review of the home's policy, annual Falls Prevention training record, and interview with a PSW, and the Falls Prevention Lead.

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

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