

Ministry of Long-Term Care

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

Hamilton District

119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Public Report

Report Issue Date: August 7, 2025

Inspection Number: 2025-1346-0004

Inspection Type:

Complaint
Critical Incident

Licensee: Waterdown Long Term Care Centre Inc.

Long Term Care Home and City: Alexander Place, Waterdown

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: July 28-August 1, 5-7, 2025

The following intakes were inspected in this Critical Incident (CI) inspection:

- Intake: #00146567/CI #2861-000027-25 related to alleged neglect
- Intake: #00153338/CI #2861-000036-25 related to transferring and positioning techniques
- Intake: #00153388/CI #2861-000037-25 related to transferring and positioning and responsive behaviours

The following intakes were inspected during this complaint inspection:

- Intake: #00153526/Complaint related to an allegation of abuse, transferring and positioning, responsive behaviours and housekeeping

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

Continence Care
Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services

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Responsive Behaviours
Staffing, Training and Care Standards

INSPECTION RESULTS

WRITTEN NOTIFICATION: Responsive behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (4)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

- (a) the behavioural triggers for the resident are identified, where possible;
- (b) strategies are developed and implemented to respond to these behaviours, where possible; and
- (c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee has failed to ensure that a resident had their triggers identified, strategies and interventions implemented, and actions taken to respond to their needs, when the resident was known to have a responsive behaviour.

Sources: resident's clinical records, interview with staff.

WRITTEN NOTIFICATION: Dealing with complaints

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

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Non-compliance with: O. Reg. 246/22, s. 108 (2) (e)

Dealing with complaints

s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,

(e) every date on which any response was provided to the complainant and a description of the response; and

The licensee has failed to ensure when a resident brought forward a verbal care complaint, a documented record was kept that included every date on which a response was provided to the complainant and a description of the response provided.

Sources: Critical incident, Concern and Complaint Form, interview with staff and resident.