Ontario

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

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: March 28, 2025

Inspection Number: 2025-1556-0002

Inspection Type:
Complaint
Critical Incident
Follow up

Licensee: The Regional Municipality of Halton

Long Term Care Home and City: Allendale, Milton

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 20, 21, 24- 28, 2025

The following intake(s) were inspected:

- Follow-up to Compliance Order (CO) #001 from inspection #2024-1556-0005 related to windows.
- Intake: #00141175 -M536-000013-25 - related to infection prevention and control.

The following complaint was inspected:

- Intake: #00138975 - related to resident care and services.

The following intake(s) were completed in this inspection:

- Intake: #00137137 -M536-000002-25 - related to infection prevention and control.
- Intake: #00138629 -M536-000003-25 - related to infection prevention and control.
- Intake: #00139007 -M536-000006-25 - related to infection prevention and control.
- Intake: #00139999 -M536-000009-25 -related to infection prevention and control.

- Intake: #00140063 -M536-000010-25 - related to infection prevention and control.
- Intake: #00140248 -M536-000011-25 - related to infection prevention and control.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2024-1556-0005 related to O. Reg. 246/22, s. 19

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

Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect

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: 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 revised when a medical device was no longer necessary.

Resident's written plan of care was revised to reflect this on March 25, 2025.

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

Date Remedy Implemented: March 25, 2025

WRITTEN NOTIFICATION: Residents' Bill of Rights

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 3 (1) 1.
Residents' Bill of Rights
s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.

The licensee has failed to ensure that a resident's right to be treated with courtesy and respect was fully respected and promoted when staff exposed them without first requesting permission and performing the task with the resident's door open.

Sources: Interviews with staff.

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that a resident was provided with their continence care change on a specific date and time as specified in their plan of care.

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

WRITTEN NOTIFICATION: Infection prevention and control

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 any standard or protocol issued by the Director with respect to infection prevention and control was implemented.

Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes revised September 2023, indicated under section 9.1 that Additional Precautions were to be followed in the IPAC program which included (f) additional personal protective equipment (PPE) requirements including appropriate selection, application, removal, and disposal.

During an outbreak, staff failed to don PPE in the appropriate order prior to entering a room with droplet precautions. When exiting the room, they failed to remove their PPE in the appropriate order and did not perform the final hand hygiene when exiting.

Sources: Observations of staff, the home's Personal Protective Equipment: Appendix A dated February 2024 and resident's progress notes.

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