

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: April 30, 2025

Inspection Number: 2025-1556-0003

Inspection Type:

Complaint
Critical Incident

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): April 9, 11, 14-15, 24-25, 28-30, 2025

The following intakes were inspected:

- Intake: #00140526 - Critical Incident (CI) - Resident Care and Support Services
- Intake: #00141214 - Complaint - Prevention of Abuse and Neglect

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

Resident Care and Support Services
Prevention of Abuse and Neglect

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Residents' Bill of Rights

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 18.

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:

18. Every resident has the right to be afforded privacy in treatment and in caring for their personal needs.

The licensee has failed to provide a resident with the right to privacy in treatment when they were exposed while being medically treated.

Sources: Interviews with staff, LTCH's investigation notes, Critical Incident (CI). [000762]

WRITTEN NOTIFICATION: Plan of care

NC #002 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 the care set out in the plan of care was provided to a resident when the home did not monitor the resident for signs and symptoms of an infection as per physician's direction. This led to resident hospitalization.

Sources: The home's policy titled "UTI Prevention, Assessment and Management", last revised February 2024, resident's clinical records, interviews with staff. [000762]

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WRITTEN NOTIFICATION: Emergency plans

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

Non-compliance with: FLTCA, 2021, s. 90 (1) (b)

Emergency plans

s. 90 (1) Every licensee of a long-term care home shall ensure that there are emergency plans in place for the home that comply with the regulations, including, (b) procedures for evacuating and relocating the residents, and evacuating staff and others in case of an emergency.

The licensee has failed to comply with the home's Code Blue: Medical Emergency/Cardiac Arrest policy when the home did not follow procedures for evacuating and relocating residents during the medical emergency that occurred on a date in 2025.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the code blue medical emergency program were complied with.

Specifically, the home's Code Blue: Medical Emergency/Cardiac Arrest policy indicated Personal Support Workers were to guide and assist with moving other residents, families, and visitors from the area of the emergency, and the manager of resident care was to support the nursing teams with the emergency response, and allocation of resources as appropriate, which did not occur during the code blue called on a date in 2025.

Sources: Critical Incident (CI), The home's policy titled "Code Blue Policy: Medical Emergency/Cardiac Arrest", last revised September 2024, LTCH's investigation notes, and staff interviews. [000762]

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WRITTEN NOTIFICATION: Plan of care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 29 (3) 13.

Plan of care

s. 29 (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

13. Nutritional status, including height, weight and any risks relating to nutritional care.

The licensee failed to ensure the nutritional risk was documented in a resident's plan of care.

Sources: Interviews with staff, resident's clinical records, Critical Incident (CI). [000762]

WRITTEN NOTIFICATION: Emergency plans

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

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

Emergency plans

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

(b) within 30 days of the emergency being declared over, after each instance that an emergency plan is activated.

The licensee has failed to update their Code Blue: Medical Emergency/Cardiac Arrest policy after the code blue emergency plan was activated on a date in 2025.

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Sources: The home's policy titled "Code Blue Policy: Medical Emergency/Cardiac Arrest", last revised September 2024, staff interview. [000762]

WRITTEN NOTIFICATION: Emergency plans

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 268 (10) (a)

Emergency plans

s. 268 (10) The licensee shall,

(a) on an annual basis test the emergency plans related to the loss of essential services, fires, situations involving a missing resident, medical emergencies, violent outbursts, gas leaks, natural disasters, extreme weather events, boil water advisories, outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics, pandemics and floods, including the arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the Connecting Care Act, 2019, partner facilities and resources that will be involved in responding to the emergency;

The licensee has failed to ensure the code blue medical emergency plan was tested annually, which contributed to an insufficient response to the code blue on a date in 2025.

Sources: Interviews with staff, Critical Incident (CI). [000762]

WRITTEN NOTIFICATION: Emergency plans

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

Non-compliance with: O. Reg. 246/22, s. 268 (13) (a)

Emergency plans

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s. 268 (13) Every licensee of a long-term care home shall ensure that the emergency plans address recovery from an emergency, including,

(a) requiring that residents, their substitute decision-makers, if any, staff, volunteers, and students be debriefed after the emergency;

The licensee has failed to ensure that staff were debriefed after the code blue medical emergency took place on a date in 2025.

Sources: Interviews with staff, Critical Incident (CI). [000762]