

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 23, 2025

Inspection Number: 2025-1375-0003

Inspection Type:

Complaint
Critical Incident

Licensee: Chippawa Creek Care Centre Ltd.

Long Term Care Home and City: Bella Senior Care Residences, Niagara Falls

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 8-11, 14-15, 17, 22-23, 2025

The following intake(s) were inspected:

- Intake #00137029 Critical Incident (CI) #2890-000002-25 related to infection prevention and control (IPAC).
- Intake #00138205 Complaint related to staffing.
- Intake #00138957 Complaint related to IPAC.
- Intake #00139411 CI #2890-000004-25 related to falls prevention and management.
- Intake #00142736 Complaint related to care and services.
- Intake #00142824 Complaint related to IPAC and Skin and Wound Care.

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control

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Staffing, Training and Care Standards
Reporting and Complaints
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. 35 (3) (d)

Nursing and personal support services

s. 35 (3) The staffing plan must,

(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 11 (3) of the Act, cannot come to work; and

The licensee has failed to ensure that the written staffing plan included a back-up plan for when Registered Nurses (RNs) who are to provide coverage according to subsection 11 (3) of the Act cannot come to work. On April 10, 2025, the Administrator updated the written staffing plan to include that information.

Sources: Written staffing plan, interview with the Administrator.

Date Remedy Implemented: April 10, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

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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 the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023) issued by the Director was complied with.

In accordance with Additional Requirement 11.6, the licensee has failed to ensure that on April 8, 2025, signage was posted at entrances and throughout the home that listed the signs and symptoms of infectious diseases for self-monitoring as well as steps that must be taken if an infectious disease is suspected or confirmed in any individual.

The home remedied the posting of the signage on April 9, 2025.

Sources: Observations, interview with IPAC Lead.

Date Remedy Implemented: April 9, 2025

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (1) (a)

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,
(a) the planned care for the resident;

The licensee has failed to ensure that the written plan of care for a resident included an order for a specific intervention.

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Sources: A resident's clinical records, interviews with staff, the home's policy.

WRITTEN NOTIFICATION: Plan of care

NC #004 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 when an intervention stated to assess for a fall prevention intervention and did not indicate what the results of the assessment meant. Staff stated it was unclear.

Sources: A resident's care plan, interviews with staff.

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #005 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 the care set out in a resident's plan of care was provided as specified in the plan when an intervention was observed to be not in place.

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Sources: Observations of a resident, Interviews with staff.

WRITTEN NOTIFICATION: Documentation

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee failed to ensure that the provision of care set out in the written plan of care for a resident was documented when staff did not initial the task for the check of an intervention on day shift during a specified period of time.

Sources: Progress notes for a resident, clinical record (tasks), interview with a staff member.

WRITTEN NOTIFICATION: When reassessment, revision is required

NC #007 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

A) The licensee has failed to ensure that resident's plan of care was reviewed and revised when their care needs changed in relation to a skin alteration when the directions for an order were not updated when their care needs changed.

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Sources: A resident's clinical record, interviews with staff.

B) The licensee has failed to ensure that resident's plan of care was reviewed and revised when their care needs changed in relation to a skin alteration when the directions for an order were not updated when their care needs changed.

Sources: A resident's clinical record, interviews with staff.

WRITTEN NOTIFICATION: Skin and wound care

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee has failed to ensure that a resident who exhibited altered skin integrity received a skin assessment using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment when the resident's skin alteration was not fully assessed until weeks after it was first identified.

Sources: A resident's progress notes, skin & wound assessments, interview with a staff member.

WRITTEN NOTIFICATION: Skin and wound care

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NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

A) The licensee has failed to ensure that a resident who exhibited altered skin integrity, was reassessed at least weekly until their skin impairment healed when their assessments were not completed for three identified dates.

Sources: A resident's skin & wound assessments, interview with a staff member.

B) The licensee has failed to ensure that a resident who exhibited altered skin integrity, was reassessed at least weekly until their skin impairment healed when they were not reassessed between two identified dates.

Sources: A resident's progress notes, skin & wound assessments, the home's policy, interview with a staff member.

C) The licensee has failed to ensure that a resident's skin impairment was reassessed at least weekly by a member of the registered nursing staff between two identified dates.

Sources: A resident's clinical record, interview with staff.

WRITTEN NOTIFICATION: Hazardous Substances

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: O. Reg. 246/22, s. 97

Hazardous substances

s. 97. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times.

The licensee has failed to ensure that a hazardous substance at the home was kept inaccessible to a resident when they were seen ingesting a hazardous substance that was not kept inaccessible.

Sources: A resident's clinical record, interview with a staff member.

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

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