

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: July 17, 2025

Inspection Number: 2025-1375-0004

Inspection Type:

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): July 8-11, 14-17, 2025

The following intake(s) were inspected:

Intake: #00146412 Critical Incident (CI) #2890-000016-25 - Falls prevention and management

Intake: #00147960 - CI #2890-000019-25 - Falls prevention and management

Intake: #00150452 - CI #2890-000022-25 - Falls prevention and management

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

Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Required programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

The licensee has failed to comply with the home's pain management program when a resident's physician (MD) was not notified when they had a new onset of pain overnight on specified dates.

In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee is required to ensure that a pain management program is developed and implemented in the home to identify pain in residents and manage pain, and is complied with.

Specifically, the home's pain management policy indicated that the nurse is to notify the physician with an analysis of pain and assessment if a resident reports a sudden onset of new or worsening pain.

Sources: the home's policy last revised March 2023, resident's clinical record, interview with staff.

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

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

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to the resident as specified in the plan.

A) The licensee has failed to ensure that the care set out in a resident's plan of care was provided to them as specified in the plan when their physician was not notified of unrelieved pain related to an injury on a specified date.

Sources: resident's clinical record, interview with the Director of Care (DOC).

B) The licensee has failed to ensure that the care set out in a resident's plan of care was provided to them as specified in the plan when an intervention was not in place on a specified date.

Sources: Resident's clinical record, CI #2890-000019-25, interview with staff.

WRITTEN NOTIFICATION: Required programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (2) (b)

Required programs

s. 53 (2) Each program must, in addition to meeting the requirements set out in section 34,

(b) provide for assessment and reassessment instruments. O. Reg. 246/22, s. 53 (2).

A) The licensee has failed to comply with the home's pain management program when staff did not complete a comprehensive pain assessment tool on a resident when they complained of new pain on a specified date.

In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee is required to ensure that the pain management program provides for assessment and re-assessment

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instruments and is complied with.

Specifically, the home's pain management policy indicated that a resident is to be assessed when they have new pain using a comprehensive pain assessment.

Sources: the home's policy last revised March 2023, resident's clinical record, interview with staff.

B) The licensee has failed to comply with the home's falls prevention and management program when staff did not complete one of the clinical monitoring checks for a resident at the correct time as outlined in the home's policy.

In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee is required to ensure that the falls prevention and management program provides for assessment and re-assessment instruments and is complied with.

Specifically, the home's fall prevention and management policy indicated that for any unwitnessed fall, staff are to complete a clinical monitoring record every hour for four hours and then every eight hours for 72 hours.

Sources: the home's policy last reviewed March 2023, resident's clinical record, interview with the DOC.