

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 28, 2025

Inspection Number: 2025-1265-0003

Inspection Type:

Critical Incident

Licensee: The Central Canadian District of the Christian and Missionary Alliance in Canada

Long Term Care Home and City: CAMA Woodlands Nursing Home, Burlington

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 18, 22-25 and 28, 2025.

The following intake(s) were inspected:

- Intake: #00152118 - Critical Incident (CI) 2774-000008-25 - related to Infection Prevention and Control.

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

Infection Prevention and Control

INSPECTION RESULTS

Non-Compliance Remedied

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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. 93 (2) (b) (iii)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(iii) contact surfaces;

The licensee has failed to comply with the home's Housekeeping Cleaning and Disinfection policy when an expired disinfectant was being used for the purpose of cleaning of high touch surfaces in resident rooms.

The home's policy directed to check and work within the disinfectant expiry date on the container, which did not occur.

When brought to the home's attention, staff removed the product and replaced it with a non-expired disinfectant and also checked remaining areas in the home where the product was in use and/or storage to ensure no product in use or stock was past expiration.

Sources: Observations, a housekeeping policy, interviews.

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Date Remedy Implemented: July 24, 2025.

WRITTEN NOTIFICATION: Housekeeping

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

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (iii)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(iii) contact surfaces;

The licensee has failed to implement procedures to ensure that concentrated disinfectants were diluted to the correct concentration and that disinfectant dispensing systems functioned properly.

The home's Housekeeping Cleaning and Disinfection policy required disinfectant be used at the correct concentration and be dispensed through an effective proportioner; however, there was no procedure or system in place that identified how it would be done and at what frequency.

Sources: Policy review, interviews.

WRITTEN NOTIFICATION: Infection prevention and control

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program

NC #003 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 implement the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, issued by the Director when a staff failed to wear all personal protective equipment (PPE) required for Additional Precautions. The Standard requires Additional Precautions are followed in the IPAC program, including, appropriate selection of PPE.

Sources: IPAC Standard for Long-Term Care Homes Section 9.1 revised September 2023, an observation.