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

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: March 28, 2025
Original Report Issue Date: January 16, 2025
Inspection Number: 2025-1127-0001 (A1)
Inspection Type: Critical Incident
Licensee: DTOC II Long Term Care LP, by its general partner, DTOC II Long Term Care MGP (a general partnership) by its partners, DTOC II Long Term Care GP Inc. and Arch Venture Holdings Inc.
Long Term Care Home and City: Niagara Long Term Care Residence, Niagara On The Lake

AMENDED INSPECTION SUMMARY

This report has been amended to:
Non-compliance #005- Compliance Order (CO) #001 was rescinded following a Director's review. No other non-compliances were amended.

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INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 7-10, 13-16, 2025.

The following Critical Incident (CI) intakes were inspected:

- Intake #00124811/CI: 2618-000015-24 was related to staffing, training, and care standards.
- Intake #00126149/CI: 2618-000017-24 was related to an injury of a resident.

- Intake #00128080/CI: 2618-000019-24 was related to falls prevention and management.
- Intake #00132331/CI: 2618-000026-24 was related to infection prevention and control.

The following intakes were completed in this inspection:

- Intake #00126251/CI: 2618-000018-24 was related to infection prevention and control.

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

Infection Prevention and Control
Staffing, Training and Care Standards
Falls Prevention and Management

AMENDED 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 (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 care plan as set out for a resident had clear directions for staff regarding the use of an identified falls management intervention, as well as the number of staff required when providing extensive transfer assistance on specified dates in January 2025.

On January 10, 2025, the plan of care for the resident was corrected to clarify the use of the falls management intervention, as well as the level of assistance needed for transfers.

Sources: Observations of resident's fall interventions and transferring; the resident's Lift and Transfer Assessments, progress notes, written plan of care; interview with staff #103 and #110.

Date Remedy Implemented: January 10, 2025

NC #002 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 was reassessed and that the plan of care was revised for level of assistance needs with transfers when the care needs changed.

The resident was reassessed and the written plan of care was revised to match the logo card used to identify transfer requirements as of January 10, 2025.

Sources: Observation of resident transfer; Interviews with staff; clinical assessments, progress notes, and written plan of care for the resident.

Date Remedy Implemented: January 10, 2025

WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 40
Transferring and positioning techniques
s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee has failed to ensure that an identified staff member applied the appropriate transfer precautions to the mobility device of a resident during a transfer on September 28, 2024, which resulted in the fall and injury of the resident.

Sources: Interviews with staff; the resident written plan of care including progress notes, assessments, care plan; the home's internal investigation notes and disciplinary letter.

WRITTEN NOTIFICATION: CMOH and MOH

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 272
CMOH and MOH
s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief

Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The licensee has failed to ensure that high touch surfaces throughout all common areas accessed by residents were cleaned and disinfected at a minimum twice daily during an acute respiratory illness (ARI) outbreak on a specific unit.

Sources: CMOH Recommendation for Outbreak Prevention and Control in Institutions and Congregate Living Settings, effective April 19, 2024 s. 3.12; the home's Roles and Responsibilities During Outbreak policy, last revised February 1, 2022; the home's Environmental Cleaning in a Healthcare Environment policy, last revised August 31, 2023; the home's high touch surface cleaning sign off forms during the outbreak period; CI #2618-000026-24; interviews with staff.

(A1)
The following order(s) has been rescinded: CO #001

COMPLIANCE ORDER CO #001 Qualifications of personal support workers

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 52 (1) (a)
Qualifications of personal support workers
s. 52 (1) Every licensee of a long-term care home shall ensure that every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title,
(a) has successfully completed a personal support worker program that meets the requirements in subsection (2)