

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: March 27, 2025

Inspection Number: 2025-1127-0002

Inspection Type:

Proactive Compliance Inspection

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

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 18-21, 24-27, 2025

The following intake(s) were inspected:

- Intake: #00142322 - Niagara Long Term Care Proactive Compliance Inspection (PCI).

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Food, Nutrition and Hydration
Residents' and Family Councils
Medication Management
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement

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Staffing, Training and Care Standards
Residents' Rights and Choices
Pain 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: FLTCA, 2021, s. 6 (8)

Plan of care

s. 6 (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

The licensee has failed to ensure that dietary staff were kept aware of the contents of a resident's plan of care and had convenient and immediate access to it when the servery notes, which was the document the dietary staff had available to them during meal service, did not indicate that the resident required an adaptive aid at meals. The servery notes were updated the next day.

Sources: A resident's clinical record; servery notes and staff interviews.

Date Remedy Implemented: March 19, 2025

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

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Non-compliance with: O. Reg. 246/22, s. 20 (b)

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(b) is on at all times;

The licensee has failed to ensure that the home was equipped with a resident-staff communication and response system that was on at all times.

During a tour of the home, the communication and response system inside a resident room was not functioning when activated. On the same day, a staff member changed the batteries of the alarm that was connected to the resident-staff communication system to ensure it was functioning as required.

Sources: Observations of a resident room; staff interviews.

Date Remedy Implemented: March 18, 2025

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.

Posting of information

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:

10. The current version of the visitor policy made under section 267.

The licensee has failed to ensure that the current version of the visitor policy was posted in the home and communicated to residents under section 85 of the Act as required.

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The current version of the visitor policy was not posted in the home and communicated to residents as per requirements. On the same day, the current version of the visitor policy was posted.

Sources: Observation of the home for mandatory postings; staff interview.

Date Remedy Implemented: March 18, 2025

WRITTEN NOTIFICATION: Integration of assessments, care

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

Non-compliance with: FLTCA, 2021, s. 6 (4) (a)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

The licensee has failed to ensure that staff and others involved in the care of a resident collaborated with each other, to ensure their assessments were consistent with each other.

Lift and Transfer Assessments completed for a resident indicated that they required a specified level of assistance for for all transfers. Physiotherapy progress notes indicated the resident required a different level of assistance for transfers.

Sources: A resident's clinical record; interviews with the Director of Care (DOC).

WRITTEN NOTIFICATION: Air temperature

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

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Non-compliance with: O. Reg. 246/22, s. 24 (2)

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home.
2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.
3. Every designated cooling area, if there are any in the home.

The licensee has failed to ensure that the temperature was measured and documented in writing in at least two resident bedrooms in different parts of the home. Temperatures were measured in one resident bedroom but not in a second resident bedroom for approximately one month.

Sources: Air temperature records; interview with the Executive Director.

WRITTEN NOTIFICATION: Bathing

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

Non-compliance with: O. Reg. 246/22, s. 37 (1)

Bathing

s. 37 (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

The licensee has failed to ensure that a resident was bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements for a period of one week. Interview with staff revealed that bathing was not completed as required related to staff not being

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available.

Sources: A resident's clinical record; interviews with a Personal Support Worker (PSW) and the DOC.

WRITTEN NOTIFICATION: Dining and snack service

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

Non-compliance with: O. Reg. 246/22, s. 79 (1) 9.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

9. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

The licensee has failed to ensure that staff used safe positioning techniques to assist a resident with eating when they were observed feeding the resident while they were not in an upright position.

Sources: Resident observations; resident clinical record; interview with a PSW and the Registered Dietitian (RD).

WRITTEN NOTIFICATION: Infection prevention and control program

NC #008 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).

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The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

In accordance with Additional Requirement 9.1 for Additional Precautions f) under the IPAC Standard for Long-Term Care Homes, the licensee has failed to ensure that additional precautions were followed when two staff members failed to don eye protection when providing direct care to two residents who were on droplet/contact precautions.

Sources: Observations; IPAC Standard for Long-Term Care Homes dated April 2022 (revised September 2023); review of resident clinical records; staff interviews.

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

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