

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: December 11, 2025
Inspection Number: 2025-1127-0007
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

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 4-5 and December 8-11, 2025

The following Critical Incident (CI) intake(s) were inspected:

- Intake: #00161446/CI #2618-000021-25 - related to the prevention of abuse and neglect
- Intake: #00162834/CI #2618-000023-25 - related to food, nutrition, and hydration

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

- Food, Nutrition and Hydration
- Prevention of Abuse and Neglect

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INSPECTION RESULTS

COMPLIANCE ORDER CO #001 Nutritional care and hydration programs

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 74 (2) (b)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(b) the identification of any risks related to nutritional care and dietary services and hydration;

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

- 1) Educate a registered staff member on the home's assessment policy, including but not limited to, the expectation of assessments and when to communicate changes to the interdisciplinary team; and
- 2) Maintain a written record of the education provided, and the names and roles of the staff who completed the education, the date and time when the education was completed, and who provided the education.

Grounds

As per the home's written policies and procedures, when a resident has identified concerns, registered staff are to initiate an initial assessment to determine the contributing factors and communicate the findings to the interdisciplinary team to determine the need for further interventions.

On a specified date, a resident was experiencing identified concerns. A registered

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staff member did not complete an initial assessment of the resident or refer to the interdisciplinary team for further intervention, as required.

When the resident was not initially assessed and the interdisciplinary team was not made aware of the changes, there was a risk for the resident to have a potential change in health status.

Sources: A resident's plan of care; the home's policies and procedures; Nursing Job Task Inventory; interviews with registered staff and management; the home's internal investigation notes.

This order must be complied with by January 26, 2026

COMPLIANCE ORDER CO #002 Nutritional care and hydration programs

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 74 (2) (c)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(c) the implementation of interventions to mitigate and manage those risks;

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

- 1) Review the home's process for meal service to ensure the correct dietary interventions are served to residents. The home will update their written process and procedures, as needed, as it relates to meal service; and
- 2) Maintain written records of the home's review of the meal service process. The written record will include the date(s) and time(s) the review(s) were done, who was

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present for the review(s), the result of each review, and if any changes were required, include what changes were implemented and by who; and

3) Educate identified staff members on the home's reviewed process for meal service; and,

4) Educate an identified staff member on the home's expectations for safe feeding techniques for residents; and

5) Maintain a written record of the education(s) provided, the names and role of the staff who completed the education, the date and time when the education was completed, and who provided the education.

Grounds

Staff are responsible for ensuring the correct dietary interventions are served to residents as per the home's meal service process. Staff are also responsible to ensure safe feeding techniques are utilized to mitigate risk of an adverse event.

A resident was assessed as having identified needs related to nutrition. After assessing the resident on a specified date, the Registered Dietitian (RD) changed the resident's dietary related interventions.

At a later date, staff did not follow the home's process for ensuring the appropriate dietary related interventions were provided to a resident. The staff also did not follow the required safe feeding techniques as required. The resident experienced an adverse event.

The resident experienced a change in health status shortly after the event and required further intervention.

The resident was put at an increased risk for a change in health status when staff did not ensure the correct dietary related intervention was served. There was also

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increased risk when staff did not follow the home's expectations for meal service and safe feeding techniques.

Sources: Interviews with staff, management, the RD, and the Nurse Practitioner; plan of care for a resident; the home's internal investigation notes; the home's policies and procedures.

This order must be complied with by January 26, 2026

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

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e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:



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

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.