

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: March 19, 2025

Inspection Number: 2025-1030-0002

Inspection Type:

Critical Incident

Licensee: Dover Cliffs Operating Inc.

Long Term Care Home and City: Dover Cliffs, Port Dover

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 17, 19, 2025

The following intake(s) were inspected:

- Intake: #00138348, related to Improper/Incompetent treatment or care of a resident.
- Intake: #00141123, related to a disease outbreak.

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

Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

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. 34 (2)

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee has failed to ensure a resident's specific assessment that was completed was documented as stated in the home's procedure.

A clinical record review for the resident and staff interviews showed a resident's specific assessment was completed and interventions were implemented but the assessment was not documented in the resident's record as per the home's procedure.

The assessment was completed and documented during the inspection.

Sources: resident's clinical records, staff interviews and Home's policy.

Date Remedy Implemented: March 19, 2025