

Ministry of Long-Term Care

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

Ottawa District

347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Public Report

Report Issue Date: September 25, 2025

Inspection Number: 2025-1179-0004

Inspection Type:

Proactive Compliance Inspection

Licensee: Rural Healthcare Innovations

Long Term Care Home and City: Dundas Manor Nursing Home, Winchester

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 16, 17, 18, 19, 22, 23, 24, and 25, 2025

The following intake(s) were inspected:

- Intake: #00157890 - PCI

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

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

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Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices
Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Air temperature

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 24 (3)

Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee has failed to ensure that the temperatures required to be measured under Ontario Regulation s. 24 (2) are documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m., and once every evening or night.

Specifically, the licensee failed to ensure that temperatures were taken and documented on each required time period on 24 dates from August to September, 2025. The home's air temperature process specifies that temperatures are to be taken daily from 7:00 A.M. to 11:59 A.M, 12:00 P.M. to 5:00 P.M., and from 11:00 P.M. to 06:59 A.M.

Sources

The home's air temperature logs for August and September 2025;

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The home's air temperature process;
Interview with staff

WRITTEN NOTIFICATION: Pain management

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

Non-compliance with: O. Reg. 246/22, s. 57 (2)

Pain management

s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The licensee has failed to ensure that when a resident's pain was not relieved by initial interventions, they were assessed with a clinically appropriate assessment instrument designed for this purpose.

Specifically, a staff member failed to ensure they assess and report to the physician if needed signs and symptoms of pain unrelieved by ordered medications for a resident. A staff member documented that acetaminophen administered to a specific resident, on a day in the month of September, was ineffective and the resident remained uncomfortable. During record review with Director of Care (DOC), they confirmed that further intervention and assessments were not documented related to the resident's pain and further follow-up should have occurred as required in the resident's care plan.

Sources:

Resident's electronic health records

Record review with DOC.

Interview with staff.

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WRITTEN NOTIFICATION: Doors in the home

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure that all doors leading to non-residential areas are kept closed and locked when they are not supervised by staff. Specifically, the licensee failed to ensure that on a day in the month of September, 2025 the kitchen area in a resident dining room was kept closed and locked when there were no staff present to directly supervise the area. During the observation on this specific date, the inspector observed residents accessing the kitchen area unsupervised.

Sources:

Observation of resident dining area;

Interviews with staff.

WRITTEN NOTIFICATION: Dining and snack service

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

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a

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dining and snack service that includes, at a minimum, the following elements:

5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

The licensee has failed to ensure that staff comply with the home's policy to ensure that food and fluids are being served at a temperature that is both safe and palatable to the residents. Specifically, the licensee has failed to ensure that staff comply with the home's policy, DIET 06-030 Temperatures of Food at Point of Service, which specifies that cold foods are to be served no more than 4 degrees Celsius (C) or 40 degrees Fahrenheit (F) and that staff are to record food temperatures in the home's temperature logs. According to Ontario Regulation 246/22 s. 11 (1) (b), the licensee shall ensure that the home has a dining and snack service that ensures foods and fluids are served at a temperature that is both safe and palatable to residents and the that staff comply with that service.

Upon review of the home's food temperature logs from August to September, 2025, multiple dates were reviewed where the food temperatures for the cold item was recorded above 4 degrees C or 40 degrees F. Three dates were also reviewed that were missing any recorded food temperatures at either breakfast and/or lunch in specific dining rooms.

Sources:

The home's food temperature logs for specific dining rooms;
Interviews with staff;
Policy DIET 06-030 Temperatures of Food at Point of Service, last revised March 2025.

WRITTEN NOTIFICATION: Hazardous substances

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

Non-compliance with: O. Reg. 246/22, s. 97**Hazardous substances**

s. 97. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times.

The licensee has failed to ensure that hazardous substances were kept properly labelled and in an area inaccessible to residents. Specifically, the licensee failed to ensure that a can of WD-40 lubricant was kept inaccessible to residents and a bucket of Diversol BXA powdered sanitizer, was kept in a properly labelled container that is inaccessible to residents. On a specific day in the month of September, 2025, the inspector observed the kitchen area in a dining room kitchen area unlocked and accessible to residents. The under sink cupboard in the dining area was observed to be unlocked with the above hazardous substances accessible to residents.

Sources:

Observations of a specific dining room kitchen area on a day in the month of September, 2025.