

**Ministry of Long-Term Care**

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

**Central West District**

609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901

## Public Report

**Report Issue Date:** September 5, 2025

**Inspection Number:** 2025-1239-0003

**Inspection Type:**

Complaint  
Critical Incident

**Licensee:** Holland Christian Homes Inc.

**Long Term Care Home and City:** Faith Manor, Brampton

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: August 27-29, 2025, and September 2-5, 2025.

The following Complaint intake was inspected:

-Intake: #00155171 related to an injury of unknown cause, allegation of abuse and neglect, and care and support services.

The following Critical Incidents (CIs) were inspected:

-Intake: #00153465 related to an injury of unknown cause.  
-Intake: #00153993 related to an outbreak.

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

Resident Care and Support Services  
Continence Care  
Infection Prevention and Control  
Prevention of Abuse and Neglect

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Reporting and Complaints  
Pain Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Involvement of resident, etc.

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

**Non-compliance with: FLTCA, 2021, s. 6 (5)**

Plan of care

s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

The licensee failed to ensure that a resident's Substitute Decision-Maker (SDM) was given an opportunity to participate fully in the development and implementation of the resident's plan of care, when they were not directly informed of changes in the resident's health status and plan of care.

Sources: Resident's clinical health records; Interviews with the Physiotherapist, and other staff.

### WRITTEN NOTIFICATION: Continence care and bowel management

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

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**Non-compliance with: O. Reg. 246/22, s. 56 (2) (h) (iii)**

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(h) residents are provided with a range of continence care products that,

(iii) promote resident comfort, ease of use, dignity and good skin integrity,

The licensee failed to ensure that a resident was provided with a continence care product that promoted comfort, ease of use, dignity, and good skin integrity.

During an observation, a Personal Support Worker (PSW) did not use the appropriate product when they provided continence care to a resident.

Sources: Inspector's observation; Interview with a PSW.

**WRITTEN NOTIFICATION: Infection prevention and control  
program**

NC #003 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).

The licensee failed to ensure that the standard issued by the Director with respect to Infection Prevention and Control (IPAC), was implemented.

A) The IPAC Standard for Long-Term Care Homes (LTCHs), revised in September 2023, section 5.4 (e), indicates that the licensee shall ensure that the policies and

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procedures for the IPAC program also addresses policies and procedures for the hand hygiene program as a component of the overall IPAC program.

The home's Hand Hygiene Program policy indicated that hand hygiene is to be performed before putting on and after taking gloves, and during the four moments of hand hygiene when direct care is being provided.

During two separate observations, two PSWs and a volunteer did not adhere to the hand hygiene program when they provided direct care and assisted residents during a meal service.

Sources: Inspector's observation; Hand Hygiene Program revised on July 19, 2024; Interviews with a PSW, and other staff.

B) The IPAC Standard for Long-Term Care Homes (LTCHs), revised in September 2023, section 9.1 (d) indicates that at minimum routine practices shall include proper use of PPE, including appropriate selection, application, removal, and disposal.

The home's Donning and Doffing Personal Protective Equipment (PPE) policy directs staff to change gloves when moving from a contaminated to a clean body site on the same resident.

During an observation, a PSW did not adhere to the home's Donning and Doffing PPE policy when they provided care to a resident.

Sources: Inspector's observation; Donning and Doffing PPE policy revised on June 23, 2025; Interview with a PSW.

C) The IPAC Standard for LTCHs, revised in September 2023, section 5.3 (h),

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indicates that the licensee shall ensure that the policies and procedures for the IPAC program include policies and procedures for the implementation of Routine Practices and Additional Precautions including but not limited to cleaning and disinfection.

The home's Cleaning and Disinfection of Equipment policy indicated that wash basins are to be cleaned after each use with soap and water to remove any debris, then rinse thoroughly before disinfecting.

A PSW did not clean a resident's wash basin after using it for the resident's care.

Sources: Inspector's observation; Cleaning and Disinfection of Equipment policy revised on July 15, 2024; Interview with a PSW.