

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

<b>Report Issue Date:</b> February 27, 2026
<b>Inspection Number:</b> 2026-1516-0002
<b>Inspection Type:</b> Complaint Follow up
<b>Licensee:</b> Foyer Richelieu Welland
<b>Long Term Care Home and City:</b> Foyer Richelieu Welland, Welland

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 20, 23 and 25-27, 2026

The following intake(s) were inspected:

- Intake: #00167761 follow-up to Compliance Order (CO) #001 from inspection #2026-1516-0001, related to falls prevention and management; and
- Intake: #00168598 complaint related to skin and wound prevention and management and residents' rights and choices.

## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance: Order #001 from Inspection #2026-1516-0001 related to O. Reg. 246/22, s. 54 (2)

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

Skin and Wound Prevention and Management  
Residents' Rights and Choices  
Falls Prevention and Management

## INSPECTION RESULTS

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## WRITTEN NOTIFICATION: Policies, etc., to be followed, and records

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

### Non-compliance with: O. Reg. 246/22, s. 11 (1) (b)

Policies, etc., to be followed, and records

s. 11 (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system,  
(b) is complied with.

The home's Skin Assessment and Wound Guidelines procedure indicated that upon discovery of altered skin integrity, nursing staff will complete impaired skin integrity or wound assessment using the clinically appropriate assessment within the resident's health record. Specifically, the integrity initial and weekly evaluation for skin assessments tool was identified. Nursing staff were to reassess skin impairments or wounds at least weekly or more frequently as clinically indicated to monitor healing progress, closure or deterioration.

A resident had an area of altered skin integrity. Staff monitored and assessed the area during a period of time, but the assessment findings were not consistently documented or completed in the home's clinically appropriate assessment tool as per their policy.

**Sources:** Skin Assessment and Wound Guidelines procedure; a resident's clinical record; staff interviews.