

**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:** April 7, 2025

**Inspection Number:** 2025-1548-0003

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** Corporation of the County of Bruce

**Long Term Care Home and City:** Gateway Haven Long Term Care Home, Wiarton

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 25-28, 31, 2025 and April 1-4, 7, 2025.

The following intake(s) were inspected:

- Intake #00143056 - Proactive Compliance Inspection

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

Skin and Wound Prevention and Management  
Resident Care and Support Services  
Food, Nutrition and Hydration  
Residents' and Family Councils  
Medication Management  
Safe and Secure Home  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Quality Improvement  
Staffing, Training and Care Standards  
Residents' Rights and Choices

**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

Pain Management

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the 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. 265 (1) 10.**

Posting of information

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:

10. The current version of the visitor policy made under section 267.

Inspector observed that the home's visitor policy was not posted as required.

The policy was posted on March 26, 2025.

**Sources:** Observations and Interview with Administrator.

Date Remedy Implemented: March 26, 2025

### WRITTEN NOTIFICATION: Resident and Family Quality of Life Satisfaction Surveys

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

**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

**Non-compliance with: FLTCA, 2021, s. 43 (3)**

Resident and Family/Caregiver Experience Survey

s. 43 (3) A licensee shall make every reasonable effort to act on the results of the survey and to improve the long-term care home and the care, services, programs and goods accordingly.

The licensee failed to include any specific items or concerns from the resident and family quality of life (QOL) satisfaction surveys to address in the continuous quality improvement (CQI) report for the home for 2023/24 fiscal year.

**Sources:** CQI quarterly reports for 2024, interviews with staff.

**WRITTEN NOTIFICATION: Program Evaluations**

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

**Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.**

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

A) The licensee failed to ensure that when completing the Annual Skin and Wound Program Evaluation the dates that the summary of changes were implemented were included for the 2023 year.

**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

**Sources:** Annual Skin and Wound Program Evaluation dated March 2025, and interview with staff.

B) The licensee failed to ensure that when completing the Annual Pain Management Program Evaluation the dates that the summary of changes were implemented were included for the 2024 year.

**Sources:** Annual Pain Management Program Evaluation dated December 18, 2024, and interview with staff.

## WRITTEN NOTIFICATION: Staffing Plans

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

**Non-compliance with: O. Reg. 246/22, s. 35 (4)**

Nursing and personal support services

s. 35 (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee failed to ensure that when completing the annual Staffing Plan Program Evaluation the dates that the summary of changes were implemented were included for the 2023/24 year.

**Sources:** Annual Staffing Plan Program Evaluation dated December 18, 2024, and interview with administrator.

## WRITTEN NOTIFICATION: Skin and Wound Management

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

**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

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)**

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee failed to ensure that a resident had weekly assessments completed for their wounds.

Staff failed to complete a skin and wound assessment for the resident with impaired skin integrity. Additionally, a skin and wound evaluation was missed for the same area on a different date. Skin and wound assessments were also missed during the same time periods for other skin integrity related issues for the resident.

**Sources:** Clinical records, interview with staff, and the home's Skin Wound Management Protocol policy.

**WRITTEN NOTIFICATION: Infection Prevention and Control  
Program**

NC #006 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 has failed to ensure that the Infection Prevention and Control (IPAC)

**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

Standard for Long-Term Care Homes issued by the Director was complied with.

In accordance with Additional Requirements 9.1 under the IPAC standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee failed to ensure staff wore the required Personal Protective Equipment (PPE) when assisting a resident on additional precautions.

**Sources:** Observations, Additional Precaution Signage, and interviews with staff.

## **WRITTEN NOTIFICATION: Drug Destruction and Disposal**

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 148 (2) 3.**

Drug destruction and disposal

s. 148 (2) The drug destruction and disposal policy must also provide for the following:

3. That drugs are destroyed and disposed of in a safe and environmentally appropriate manner in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

a) The licensee has failed to ensure that drugs were destroyed and disposed of in a safe and environmentally appropriate manner. In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the destruction and disposal of medications were complied with. Specifically, staff were to ensure medications were disposed of in a designated medical waste container which is later destroyed in an environmentally friendly manner.

b) The licensee has failed to ensure that drugs were destroyed when staff were disposing controlled substances into a sharps container, whole, without being denatured. In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to

**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

ensure that written policies developed for the destruction and disposal of medications were complied with. Specifically, staff were to ensure controlled substances were altered or denatured to such an extent that its consumption is rendered impossible or improbable, as per O. Reg. 246/22 s. 148 (6).

**Sources:** Medisystem Policies and Procedures: Manual for MediSystem Serviced Homes (August 2024) Section 22 and 24, interviews with staff.

## WRITTEN NOTIFICATION: Quality Improvement

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 168 (1)**

Continuous quality improvement initiative report

s. 168 (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

The home failed to complete a Continuous Quality Improvement (CQI) initiative report for the 2023/24 fiscal year that included any actions taken to improve the home, care, services, programs and goods based on the results of the resident and family satisfaction surveys completed in 2023, and publish a copy on the home's website.

**Sources:** CQI reports, home's website, and interviews with staff.

## WRITTEN NOTIFICATION: Orientation

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 259 (2) (b)**

**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

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,  
(b) modes of infection transmission;

The licensee failed to ensure that education on the modes of infection transmission were included in the training and orientation of newly hired agency staff.

**Sources:** Agency Staff Education Records, Agency Orientation Bundle, and interview with staff.

**WRITTEN NOTIFICATION: Orientation**

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 259 (2) (c)**

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,  
(c) signs and symptoms of infectious diseases;

The licensee failed to ensure that education on signs and symptoms of infectious diseases were included in the training and orientation of newly hired agency staff.

**Sources:** Agency Staff Education Records, Agency Orientation Bundle, and interview with staff.

**WRITTEN NOTIFICATION: Orientation**

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 259 (2) (d)**



**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

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,  
(d) respiratory etiquette;

The licensee failed to ensure that education on respirator etiquette were included in the training and orientation of newly hired agency staff.

**Sources:** Agency Staff Education Records, Agency Orientation Bundle, and interview with staff.

**WRITTEN NOTIFICATION: Orientation**

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 259 (2) (e)**

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,  
(e) what to do if experiencing symptoms of infectious disease;

The licensee failed to ensure that education on what to do if experiencing symptoms of infectious disease were included in the training and orientation of newly hired agency staff.

**Sources:** Agency Staff Education Records, Agency Orientation Bundle, and interview with staff.

**WRITTEN NOTIFICATION: Orientation**

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**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

**Non-compliance with: O. Reg. 246/22, s. 259 (2) (f)**

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,  
(f) cleaning and disinfection practices;

The licensee failed to ensure that education on cleaning and disinfection practices were included in the training and orientation of newly hired agency staff.

**Sources:** Agency Staff Education Records, Agency Orientation Bundle, and interview with staff.

**WRITTEN NOTIFICATION: Orientation**

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 259 (2) (h)**

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,  
(h) handling and disposing of biological and clinical waste including used personal protective equipment.

The licensee failed to ensure that education on handling and disposing biological waste were included in the training and orientation of newly hired agency staff.

**Sources:** Agency Staff Education Records, Agency Orientation Bundle, and interview with staff.