Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Report Issue Date: October 31, 2025
Inspection Number: 2025-1204-0003
Inspection Type: Critical Incident
Licensee: Schlegel Villages Inc.
Long Term Care Home and City: Hamilton Continuing Care, Hamilton

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: October 23, 27-30, 2025.

The following intake was inspected:
-Intake #00160055 related to safe and secure home.

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

Safe and Secure Home

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: FLTCA, 2021, s. 6 (1) (c)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident;

The licensee had failed to ensure that the written plan of care for a resident set out clear directions to staff and others who provided direct care to the resident.

A resident had attempted to elope from the home. As a result, the home put a specific intervention in place to address this. There was nothing in the plan of care in regards to this intervention, however, during the course of the inspection, the home updated the plan of care to include clear directions to staff regarding the provision of this intervention.

Sources: The resident's clinical record, observations, and interviews with staff.

Date Remedy Implemented: October 30, 2025

WRITTEN NOTIFICATION: Responsive behaviours

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (1) 2.
Responsive behaviours
s. 58 (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:
2. Written strategies, including techniques and interventions, to prevent, minimize

or respond to the responsive behaviours.

The licensee had failed to ensure that their written strategies to prevent, minimize, or respond to responsive behaviours for a resident were complied with.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to ensure that written strategies developed for residents with responsive behaviours were complied with. Specifically, the home's Personal Expression Program indicated that if an incident occurred, the neighbourhood team would initiate The Personal Expressions Neighbourhood Observation Tool and a registered team member would complete the PERT Assessment, prior to the end of the shift. The program stated these were critical first steps in understanding the resident's actions and reactions. A resident had an incident where they tried to elope from the home. The Personal Expressions Neighbourhood Observation Tool and the PERT Assessment were not completed until three days after the incident.

Sources: The resident's clinical record, the home's Personal Expression Program, and interviews with the resident and staff.