

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:** February 13, 2026

**Inspection Number:** 2026-1261-0001

**Inspection Type:**  
Proactive Compliance Inspection

**Licensee:** Hanover Nursing Home Limited

**Long Term Care Home and City:** Hanover Care Centre, Hanover

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 3-6, 10-13, 2026

The following intake(s) were inspected:

- Intake: #00169158 - Proactive Compliance Inspection

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

Contenance Care  
Housekeeping, Laundry and Maintenance Services  
Infection Prevention and Control

## 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) (a)**

Plan of care

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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,  
(a) the planned care for the resident;

A resident's method for toileting was not reflected in their care plan. The home updated the resident's care plan on February 9, 2026, to include this.

**Sources:** Resident's clinical records.

Date Remedy Implemented: February 9, 2026

NC #002 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; and

A resident's Kardex and their care plan were different regarding the required assistance with toileting. The resident's care plan was updated on February 12, 2026, to reflect the resident's current toileting regime.

**Sources:** Clinical records.

Date Remedy Implemented: February 12, 2026

## **WRITTEN NOTIFICATION: General requirements**

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

**Non-compliance with: O. Reg. 246/22, s. 34 (1) 3.**

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:

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing

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practices.

A) The home had not completed an annual evaluation of their continence care program for the last two years, at minimum.

**Sources:** Interview with Director of Care.

B) The home did not complete an annual evaluation of their maintenance program.

**Sources:** Interview with Administrator.

## WRITTEN NOTIFICATION: General requirements

NC #004 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 home did not maintain a written record for their continence care program, as an annual evaluation was not completed.

**Sources:** Interview with Director of Care.

B) The home did not complete a written record of the evaluation for the maintenance program, as the program had not been reviewed annually.

**Source:** Interview with Administrator.

## WRITTEN NOTIFICATION: Transferring and positioning

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## techniques

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

### **Non-compliance with: O. Reg. 246/22, s. 40**

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

A resident was being assisted with toileting and was observed attached to a mechanical lift, while left unattended by staff.

**Sources:** Observation of resident, clinical records, staff interviews, and the home's Safe Resident Handling - Lift and Transfer policy (last revised February 26, 2024)

## WRITTEN NOTIFICATION: Continence care and bowel management

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

### **Non-compliance with: O. Reg. 246/22, s. 56 (1) 5.**

Continence care and bowel management

s. 56 (1) The continence care and bowel management program must, at a minimum, provide for the following:

5. Annual evaluation of residents' satisfaction with the range of continence care products in consultation with residents, substitute decision-makers and direct care staff, with the evaluation being taken into account by the licensee when making purchasing decisions, including when vendor contracts are negotiated or renegotiated.

The home has never completed an annual evaluation of residents' satisfaction with the range of continence care products.

**Sources:** Interview with Director of Care.

## WRITTEN NOTIFICATION: Continence care and bowel management

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

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

Continence care and bowel management

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

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

When residents who are incontinent have a change in their status, the home does not conduct assessments using a clinically appropriate assessment instrument.

**Sources:** Bladder and Bowel Continence Management Program, revised May 21, 2024, pages 1-4; interview with Assistant Director of Care.

**WRITTEN NOTIFICATION: Additional training - direct care staff**

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

**Non-compliance with: O. Reg. 246/22, s. 261 (1) 3.**

Additional training — direct care staff

s. 261 (1) For the purposes of paragraph 6 of subsection 82 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

3. Continence care and bowel management.

A Personal Support Worker (PSW) did not complete annual training on continence care and bowel management when checked.

**Sources:** PSW's education records.