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

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Public Report

Report Issue Date: July 30, 2025
Inspection Number: 2025-1393-0004
Inspection Type: Critical Incident Follow up
Licensee: Henley House Limited
Long Term Care Home and City: The Henley House, St Catharines

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 22-25, 28-30, 2025

The following intake(s) were inspected:

- Intake: #00145726 - Critical Incident (CI): #2909-000024-25 - related to infection prevention and control.
- Intake: #00147341 - CI: 2909-000032-25 - related to infection prevention and control.
- Intake: #00148512 - CI: 2909-000036-25 - related to prevention of abuse and neglect.
- Intake: #00149716 - CI: 2909-000039-25 - related to infection prevention and control.
- Intake: #00150479 - CI: 2909-000042-25 - related to infection prevention and control.
- Intake: #00150857 - Follow-up #2025_1393_0003 Compliance Order (CO) #001 FLTCA, 2021 - s. 24 (1) Duty to protect. CDD July 15, 2025.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2025-1393-0003 related to FLTCA, 2021, s. 24 (1)

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

Infection Prevention and Control
Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in their plan. The resident's plan of care indicated that they required two staff to perform all aspects of a particular activity of daily living, yet one staff independently assisted the resident with this task on a specified date placing the resident at risk of harm.

Sources: A resident's plan of care, interview with staff.

WRITTEN NOTIFICATION: Reporting certain matters to

Director

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that an incident of suspected physical abuse with harm to a resident by staff was immediately reported to the Director on a specified date when it was reported two days later. Pursuant to Fixing Long-Term Care Act (FLTCA) 2021, s. 154 (3) the licensee is vicariously liable for staff members' failure to comply with subsection 28 (1).

Sources: Home's investigation notes, interview with staff.

WRITTEN NOTIFICATION: Skin and wound care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
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 has failed to ensure that a resident exhibiting an altered skin integrity, was reassessed at least weekly by an authorized person. The resident was assessed with an injury on a specified date and weekly evaluations started on that date, but subsequent evaluations of the injury did not occur weekly thereafter.

Sources: A resident's clinical record, interview with staff.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #004 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 standards issued by the Director with respect to infection prevention and control was implemented.

According to section 4.3 of the "Infection Prevention and Control Standard for Long-Term Care Homes, September 2023" (IPAC Standard) the licensee was required to ensure that following the resolution of an outbreak, the outbreak management team (OMT) and the interdisciplinary team conducted a debrief and created a summary of findings that made recommendations to the licensee for

improvements to outbreak management practices. Specifically, the home did not create a summary of findings after a respiratory outbreak that concluded on a specified date.

Sources: Interview with staff.