

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: March 24, 2026
Inspection Number: 2026-1493-0002
Inspection Type: Complaint Critical Incident Follow up
Licensee: Niagara Ina Grafton Gage Village
Long Term Care Home and City: Niagara Ina Grafton Gage Village, St Catharines

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 19-20 and 23-24, 2026

The following intake(s) were inspected:

- Intake: #00167357 follow-up to Compliance Order (CO) #001 from inspection #2026-1493-0001, related to transferring and positioning techniques;
- Intake: #00170463 Critical Incident (CI) #2994-000002-26, related to skin and wound prevention and management and reporting and complaints; and
- Intake: #00173064 complaint related to skin and wound prevention and management and whistle-blowing protection and retaliation.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2026-1493-0001 related to O. Reg. 246/22, s. 40

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

- Skin and Wound Prevention and Management
- Whistle-blowing Protection and Retaliation
- Reporting and Complaints
- Falls Prevention and 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: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary;
or

A resident's written plan of care was not revised when their care needs changed regarding skin and wound care. Their plan of care was updated on March 23, 2026.

Sources: A resident's clinical record; email records; staff interviews.

Date Remedy Implemented: March 23, 2026

WRITTEN NOTIFICATION: General requirements

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

Non-compliance with: O. Reg. 246/22, s. 34 (2)

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

A skin assessment was completed for a resident, but the assessment was not documented in the resident's clinical record.

Sources: A resident's clinical record; e-mail records; staff interviews.

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WRITTEN NOTIFICATION: Dealing with complaints

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

Non-compliance with: O. Reg. 246/22, s. 108 (3) (a)

Dealing with complaints

s. 108 (3) The licensee shall ensure that,

(a) the documented record is reviewed and analyzed for trends at least quarterly;

The home's complaints log was reviewed and the home did not have a process in place to review and analyze all complaints for trends at least quarterly. The home was only reviewing complaints that resulted in Critical Incident reports.

Sources: Home's complaints log; staff interviews.