

**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:** May 29, 2025

**Inspection Number:** 2025-1567-0002

**Inspection Type:**

Complaint  
Critical Incident

**Licensee:** The Regional Municipality of Niagara

**Long Term Care Home and City:** Linhaven, St Catharines

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: March 18-21, 24-27, 31, April 1-4, 7-9, 2025 and May 13-14, 2025, and off-site on April 10, 2025.

The following intakes were completed in this Critical Incident (CI) inspection:

- Intake #00132815/CI #M551-000026-24 was related to alleged abuse and neglect
- Intake #00144122/CI #M551-000009-25 was related to alleged abuse and neglect
- Intake #00138245/CI #M551-000002-25 was related to medication management
- Intake #00139925/CI #M551-000004-25 was related to falls prevention and management
- Intake #00144175/CI #M551-000010-25 was related to an unexpected death

The following intakes were completed in this complaint inspection:

- Intake #00138580 was related to admission and discharge
- Intake #00139314 was related to nutritional care, plan of care, and admission and discharge

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

Medication Management  
Food, Nutrition and Hydration  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Falls Prevention and Management  
Admission, Absences and Discharge

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Licensee consideration and approval

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 51 (7) (b)**

Authorization for admission to a home

s. 51 (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 50 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,

(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or

The licensee has failed to ensure that when an applicant applied for admission to the home in April 2023, they were approved unless the home lacked the nursing expertise required to meet the applicant's care requirements. The written notice of withholding admission cited a lack of nursing expertise necessary to meet the applicant's care requirements. However, the Administrator acknowledged that the

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home did have the nursing expertise required to meet each of the noted care conditions identified in the grounds.

**Sources:** The written notice of withholding of admission, and interviews with the Administrator.

## WRITTEN NOTIFICATION: Documentation

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

**Non-compliance with: FLTCA, 2021, s. 6 (9) 1.**

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that the provision of care to a resident was documented as set out in the plan of care. The resident's plan of care indicated that they were to receive specific care by female staff only. Between January and March 2025, the provision of the following care tasks were documented on by male staff;

- Bathing on five occasions
- Personal Hygiene on 26 occasions
- Toileting on 55 occasions

Staff acknowledged that there was no documentation to support that the care had been provided according to the plan of care.

**Sources:** The resident's clinical records and interviews with staff.

## WRITTEN NOTIFICATION: Plan of care

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

**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

The licensee has failed to ensure that a resident's planned intervention of a specific feeding strategy, was reassessed and the plan of care was revised when this was no longer required. During the inspection, the inspector observed staff not following this intervention and when discussed with the home, the Registered Dietitian (RD) reassessed the resident to no longer require the intervention.

**Sources:** Observation, the resident's clinical records, and interviews with staff.

**WRITTEN NOTIFICATION: Reporting certain matters to Director**

NC #004 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 neglect to a resident that resulted in a risk of harm was immediately reported to the Director when the incident was reported eight days after it occurred.

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**Sources:** The Critical Incident Report, the resident's clinical records, the home's investigation notes, and interviews with staff.

## WRITTEN NOTIFICATION: Required programs

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

**Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.**

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee has failed to ensure that the home's falls management and prevention program was implemented for a fall a resident had in February 2025. Specifically, a Head Injury Routine (HIR) assessment was not completed for all of the expected time checks as required by the program.

**Sources:** The resident's clinical records, "Head Injury Schedule- Critical" form, and interviews with staff.

## WRITTEN NOTIFICATION: Medication management system

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

**Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)**

Medication management system

s. 123 (3) The written policies and protocols must be,

(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

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The licensee has failed to ensure that the home's medication management system policy related to the destruction and disposal of drugs was implemented.

**A)** In November 2024, staff of the home found 69 medications in a sharps container. None of these medications were sharps or should have been disposed of in this container as per the home's policy.

**Sources:** The home's internal investigation, Medication Incident Reports, the home's Medication Management System Policies, and interviews with staff.

**B)** In January 2025, a Registered Practical Nurse (RPN) failed to dispose of two residents controlled substances in the designated narcotic destruction box and over the course of 2024-2025 failed to dispose of multiple residents narcotic waste in the designated sharps container.

**Sources:** The resident's clinical records, a Medication Incident Report, the home's internal investigation, the home's Medication Management System Policies, the Narcotic/Controlled Medication Destruction Logs, and interviews with staff.

**C)** The home did not complete a medication incident report for a resident's missing narcotics in January 2025 as required by the home's drug destruction and disposal policy.

**Sources:** The home's medication management policies and interviews with staff.

## **WRITTEN NOTIFICATION: Security of drug supply**

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

**Non-compliance with: O. Reg. 246/22, s. 139 3.**

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Security of drug supply

s. 139. Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 246/22, s. 139; O. Reg. 66/23, s. 27.

The licensee has failed to ensure that the monthly audit of the daily count sheets of controlled substances for one of the units in the home in January 2025, included all of the dispensed controlled substances daily count sheets. By not including all of the count sheets, the audit failed to discover the discrepancy of three missing narcotic cards.

**Sources:** Home's internal investigation notes, January 2025 Narcotic/Controlled Medication Monthly audit for the unit, and interviews with staff.

## WRITTEN NOTIFICATION: Emergency plans

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

**Non-compliance with: O. Reg. 246/22, s. 268 (4) 1. vi.**

Emergency plans

s. 268 (4) The licensee shall ensure that the emergency plans provide for the following:

1. Dealing with emergencies, including, without being limited to,  
vi. medical emergencies,

The licensee has failed to comply with the home's emergency plans for medical emergencies when a Registered Nurse (RN) failed to provide cardiopulmonary resuscitation (CPR) to a resident who was found without vital signs and whose code

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status indicated for staff to attempt CPR. In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for medical emergencies were complied with. Specifically, the home's medical emergencies policy indicated that the nurse would initiate CPR if vital signs were absent and the resident's last known capable wish to receive CPR was known.

**Sources:** The resident's clinical records, the home's investigation notes, the home's medical emergency response plan and interviews with staff.

**COMPLIANCE ORDER CO #001 Home to be safe, secure environment**

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: FLTCA, 2021, s. 5**

Home to be safe, secure environment

s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

Specifically, the licensee must:

1) Update the monthly audit form of the daily count sheets of controlled substances to ensure that the audit is capturing every dispensed controlled substance and therefore every daily count sheet for the audited period.

**Grounds**

The licensee has failed to ensure that the home was a safe and secure environment when resident prescribed narcotics went missing.

In January 2025, a staff member identified that the home was missing resident prescribed narcotics and the associated daily count sheets. The home was to



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conduct monthly audits to be able to capture any discrepancies in drug volumes. However, the January audit the home completed did not include the missing daily count sheets and therefore failed to identify that there was any missing drugs. The home conducted an investigation into this matter, determined the cause, and identified that professional misconduct occurred.

**Sources:** The home's internal investigation, CNO Professional Misconduct document, and interviews with staff.

**This order must be complied with by** July 3, 2025

**COMPLIANCE ORDER CO #002 Duty of licensee to comply with plan**

NC #010 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

Specifically, the licensee must:

1) Complete one meal time audit weekly of an identified resident to ensure the planned dietary interventions are being provided to the resident as specified. The home is to keep a written record of the audits completed, the date and meal the audit was completed for and the results of the audit including any corrective actions taken. The audits are to be completed for a minimum period of three weeks.

**Grounds**

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The licensee has failed to ensure that the care set out in the plan of care for two residents were provided.

**A)** A resident required specific dietary interventions related to significant weight loss. Between January and March 2025, five specific interventions on 31 occasions were documented as "not applicable." A staff member stated that "not applicable" would be documented when a task or intervention was not provided. Not providing these interventions as intended placed the resident at risk of continued significant weight loss.

**Sources:** The resident's clinical records, and interviews with staff.

**B)** A resident was to receive specific dietary interventions. During the inspection, the inspector observed one meal where three dietary interventions were not provided to the resident as specified in their plan of care. Not providing these interventions as intended may have jeopardized the residents health.

**Sources:** Observation, the resident's clinical records and interviews with staff.

**This order must be complied with by** July 3, 2025

**COMPLIANCE ORDER CO #003 Duty to protect**

NC #011 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: FLTCA, 2021, s. 24 (1)**

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

**The inspector is ordering the licensee to comply with a Compliance Order**

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**[FLTCA, 2021, s. 155 (1) (a)]:**

Specifically, the licensee must:

1) Provide education to the registered nursing staff of a specific unit of the home on the home's policy to promote zero tolerance of abuse and neglect specifically highlighting how failing to provide prescribed treatments or medication constitutes neglect. A written record of what education was provided, on what date, and signatures of staff who completed the training, must be kept.

2) Provide education to the registered nursing staff of a specific unit of the home on the home's medication management system's policy related to the safe destruction and disposal of drugs. A written record of what education was provided, on what date, and signatures of staff who completed the training, must be kept.

**Grounds**

The licensee failed to ensure that four residents were protected from neglect when an RPN withheld prescribed medications.

Section 7 of the Ontario Regulation 246/22 defines neglect as "the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents."

In November 2024, staff of the home found 69 medications intact and disposed of in a sharps container. Of these medications, 18 were documented to have been administered to four different residents by an RPN. The home's investigation determined the RPN intentionally withheld the prescribed medications and that this constituted neglect. Withholding prescribed medications placed the resident's health and wellbeing at risk.

**Sources:** The residents' clinical records, medication incident reports, the home's investigation notes, and interviews with staff.

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**This order must be complied with by** July 3, 2025

**An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001**

**NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #001**

**Related to Compliance Order CO #003**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$11000.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

**Compliance History:**

Prior NC with FLTCA, 2021 s. 24 (1) and LTCHA, 2007 s. 19 (1), resulting in CO #001 in Inspection #2023-1567-0004, issued on 2023-12-05; CO #001 in Inspection #2023-1567-0003, issued on 2023-09-06.

This is the second AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after

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service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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## REVIEW/APPEAL INFORMATION

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor

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**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).