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: July 14, 2025
Inspection Number: 2025-1567-0003
Inspection Type: Complaint Critical Incident Follow up
Licensee: The Regional Municipality of Niagara
Long Term Care Home and City: Linhaven, St Catharines

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 8-11, and 14, 2025.

The following intake(s) were inspected:

- Intake: #00144817 - Complaint with concerns regarding prevention of abuse and neglect of residents.
- Intake: #00148293 - Critical Incident (CI): M551-000012-25 - Falls prevention and management.
- Intake: #00148770 - Follow-up #2025-1567-0002 Compliance Order (CO) #003 FLTCA, 2021, s. 24 (1) Duty to protect CDD July 3, 2025.
- Intake: #00148771 - Follow-up #2025-1567-0002 CO #001 FLTCA, 2021, s. 5 Home to be safe, secure environment CDD July 3, 2025.
- Intake: #00148772 - Follow-up #2025-1567-0002 CO #002 FLTCA, 2021, s. 6 (7) Duty of licensee to comply with plan CDD July 3, 2025.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #003 from Inspection #2025-1567-0002 related to FLTCA, 2021, s. 24 (1)
Order #001 from Inspection #2025-1567-0002 related to FLTCA, 2021, s. 5
Order #002 from Inspection #2025-1567-0002 related to FLTCA, 2021, s. 6 (7)

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

Resident Care and Support Services
Food, Nutrition and Hydration
Medication Management
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
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: O. Reg. 246/22, s. 96 (1) (a)
Maintenance services
s. 96 (1) As part of the organized program of maintenance services under clause 19

(1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and

The licensee has failed to ensure that the maintenance program ensured that the exterior of the building was maintained in good repair when an area of soffit located outside a resident's window, had a hole and an animal nest visible inside. The Associate Director Facilities and Environmental Services was shown the hole and indicated it would be repaired immediately. The hole was observed to be repaired on July 14, 2025.

Sources: Observations, interview with Associate Director Facilities and Environmental Services.

Date Remedy Implemented: July 14, 2025

WRITTEN NOTIFICATION: Licensee must investigate, respond and act

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: LTCHA, 2007 S.O. 2007, c.8, s. 23 (1) (a) (i)
Licensee must investigate, respond and act
s. 23 (1) Every licensee of a long-term care home shall ensure that,
(a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:
(i) abuse of a resident by anyone,

The licensee has failed to ensure that an incident of alleged abuse to a resident that was reported to a staff member was immediately investigated. On a specified date

in November 2021, a resident reported an incident of alleged abuse from a staff and the home could not provide the Inspector any investigation notes. Additionally, there was no Critical Incident (CI) form submitted to the Director.

Sources: Resident's progress notes and care plan, interview with Director of Care (DOC).

WRITTEN NOTIFICATION: Required programs

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.
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:
4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

The licensee has failed to ensure that the home's pain management program was implemented for a resident when they experienced a new onset of pain on a specified date in May 2025.

A. Specifically, the Registered Nurses Association of Ontario: Pain – Screening, Assessment and Management assessment was not competed by staff when the resident experienced new onset of pain as directed in the home's policy.

Sources: Review of resident's clinical record, review of the home's Pain Management Policy, last revised April 2, 2024; Interview with Associate Director of Resident Care (ADRC).

B. Specifically, when an analgesic was administered to a resident on a specified date

in May 2025, in the morning hours, a reassessment to follow up on the effectiveness of the intervention was not completed after sufficient time had passed as directed in the home's policy.

Sources: Review of resident's clinical records, review of the home's Pain Management Policy, last revised April 2, 2024; Interview with ADRC.

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 the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

In accordance with Additional Requirement 9.1 (f) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that a Personal Support Worker (PSW) applied Personal Protective Equipment (PPE) when providing care for a resident that was on Contact Precautions. This required application of gloves and a gown. The PSW was observed on a specified date in July 2025, providing care to a resident without wearing a gown.

Sources: Observations, resident's care plan, interview with PSW.

Ontario

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Ontario

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137