

**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:** September 10, 2025

**Inspection Number:** 2025-1568-0004

**Inspection Type:**

Critical Incident

**Licensee:** City of Hamilton

**Long Term Care Home and City:** Macassa Lodge, Hamilton

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 4-5, 8-9 and 10, 2025.

The following intake(s) were inspected:

- Intake: #00149642 - was related to Falls Prevention and Management.
- Intake: #00152029 - was related to Prevention of Abuse and Neglect.
- Intake: #00152366 - was related to Falls Prevention and Management.
- Intake: #00153791 - was related to Falls Prevention and Management.
- Intake: #00149972 - was related to Falls Prevention and Management.

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

Skin and Wound Prevention and Management  
Prevention of Abuse and Neglect  
Falls Prevention and Management

## INSPECTION RESULTS

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## WRITTEN NOTIFICATION: Required Programs

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

**Non-compliance with: O. Reg. 246/22, s. 53 (2) (b)**

Required programs

s. 53 (2) Each program must, in addition to meeting the requirements set out in section 34,

(b) provide for assessment and reassessment instruments. O. Reg. 246/22, s. 53 (2).

The licensee has failed to comply with their Skin and Wound Care Program.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee was required to ensure that the written policies developed for the skin and wound program was complied with.

Specifically, staff did not comply with their Skin and Wound Care program.

A resident had an altercation with a co-resident that resulted in the resident's skin integrity alteration, which was not documented using the skin and wound assessment.

Sources: A resident's clinical records, Skin and Wound Policy; interview with staff.

## WRITTEN NOTIFICATION: Responsive Behaviours

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

**Non-compliance with: O. Reg. 246/22, s. 58 (1) 1.**

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Responsive behaviours

s. 58 (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:

1. Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other.

The licensee has failed to ensure that the written approaches to care, specifically the identification of behavioural triggers were developed for a resident.

Interview with Personal Support Worker (PSW) and Registered Practical Nurses (RPNs) indicated specified triggers for the resident's responsive behaviours. Inspector reviewed the resident's clinical records and there were no written approaches that indicated those triggers.

Sources: A resident's plan of care; interview with PSW and RPNs.