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: November 19, 2025
Inspection Number: 2025-1118-0004
Inspection Type: Proactive Compliance Inspection
Licensee: Niagara Health System
Long Term Care Home and City: Niagara Health System, Welland Hospital Site, Extended Care Unit, Welland

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 7, 12, 13, 14, 17, 18, 19, 2025

The following intake(s) were inspected:
- Intake: #00161826 - Proactive Compliance Inspection (PCI)

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

Skin and Wound Prevention and Management
Continence Care
Infection Prevention and Control

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 care set out in the plan of care was not provided to a resident as specified in their plan related to continence care. The plan of care indicated that a specific continence-related intervention was to be completed weekly. This intervention was not implemented as required, and a Personal Support Worker (PSW) confirmed that the intervention had not been carried out every week.

Sources: Observation, resident's clinical record, and an interview with the PSW.

WRITTEN NOTIFICATION: Skin and wound care

NC #002 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;

A treatment order required the staff to complete a weekly skin assessment for a resident with altered skin integrity. A review of the resident's clinical records

indicated that staff did not complete the required weekly skin assessments on the identified dates.

The Home's Skin and Wound Care Lead acknowledged that staff did not complete the required weekly skin assessments on the specified dates, and the status of the resident's area of altered skin integrity changed during the intervals when assessments were not conducted.

Sources: Resident's clinical records and an interview with the Skin and Wound Care Lead.

WRITTEN NOTIFICATION: Continence care and bowel management

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 56 (1) 5.
Continence care and bowel management
s. 56 (1) The continence care and bowel management program must, at a minimum, provide for the following:
5. Annual evaluation of residents' satisfaction with the range of continence care products in consultation with residents, substitute decision-makers and direct care staff, with the evaluation being taken into account by the licensee when making purchasing decisions, including when vendor contracts are negotiated or renegotiated.

The home's continence care and bowel management program did not provide an annual evaluation of residents' satisfaction with the range of continence care products in consultation with residents, substitute decision-makers, and direct care staff. This was acknowledged by the Director of Care (DOC) and the Administrator.

Sources: The Home's Continence Care and Bowel Management policy, interview with the DOC and Administrator.

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).

A) Routine practices were not followed in accordance with Additional Requirements 9.1(d) under the IPAC (Infection Prevention and Control) Standard for Long-Term Care Homes (April 2022, revised September 2023), specifically the proper use of Personal Protective Equipment (PPE), including appropriate selection, application, removal, and disposal. On a specified date, two staff members were observed providing direct care to a resident on additional precautions without wearing the required Personal Protective Equipment (PPE).

Sources: Observation, resident's clinical record, and an interview with staff.

B) The IPAC Standard under section 9.1, related to Additional Precautions, subsection (f) stated that the licensee shall ensure that at minimum, additional precautions shall include, additional Personal Protective Equipment (PPE) requirements, including appropriate selection, application, removal, and disposal.

Additional precautions and PPE signage posted outside a resident's room instructed staff to remove the designated PPE in the proper sequence after exiting the room. On an identified date, a staff member did not follow the correct sequence for doffing PPE after exiting the resident's room. This was observed on two separate occasions during the same observation period.

Sources: Observation, and IPAC Standard for Long-Term Care Homes (last revised - September 2023).