

**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

**Original Public Report**

<b>Report Issue Date:</b> February 20, 2024	
<b>Inspection Number:</b> 2024-1338-0001	
<b>Inspection Type:</b> Proactive Compliance Inspection	
<b>Licensee:</b> Liuna Local 837 Nursing Home (Hamilton) Corporation	
<b>Long Term Care Home and City:</b> Queen's Garden, Hamilton	
<b>Lead Inspector</b> Lisa Vink (168)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Yuliya Fedotova (632)	

**INSPECTION SUMMARY**

The inspection occurred onsite on the following dates: February 7, 8, 9, 12, 13, 15, and 16, 2024.

The following intake was inspected:

- Intake: #00108067 - Proactive Compliance Inspection (PCI) for Queen's Garden.

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Medication Management
- Residents' and Family Councils

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Food, Nutrition and Hydration  
Infection Prevention and Control  
Safe and Secure Home  
Prevention of Abuse and Neglect  
Quality Improvement  
Residents' Rights and Choices  
Pain Management  
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 (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 licensee has failed to ensure that the care set out in the plan of care for a resident was provided to the resident as specified in the plan.

### Rational and Summary

A resident was observed during a meal to be served beverages in regular cups. A care plan for the resident and Meal Service Report directed staff to provide fluids in adaptive cups which was confirmed by staff.

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On February 15, 2024, it was observed that the resident was provided beverages in the adaptive cups.

**Sources:** Observations; review of care plan and Meal Service Report and interview with staff. [632]

Date Remedy Implemented: February 15, 2024

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: FLTCA, 2021, s. 63 (1) 9. i.**

Powers of Residents' Council

s. 63 (1) A Residents' Council of a long-term care home has the power to do any or all of the following:

9. Review,

i. inspection reports and summaries received under section 152,

The licensee has failed to ensure that the Residents' Council was provided with inspection reports and summaries to review as received under section 152 of FLTCA.

**Rationale and Summary**

The 2023 Residents' Council Meeting Minutes did not include copies of Ministry of Long-Term Care Inspection Reports for inspections conducted in 2023.

On February 13, 2024, a Residents' Council Meeting was held at which time all 2023, Ministry of Long-Term Care Inspection Reports were provided to the membership for review.

**Sources:** Review of Meeting Minutes and interviews with staff. [168]

Date Remedy Implemented: February 13, 2024

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NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: FLTCA, 2021, s. 63 (1) 9. iii.**

Powers of Residents' Council

s. 63 (1) A Residents' Council of a long-term care home has the power to do any or all of the following:

9. Review,

iii. the detailed allocation, by the licensee, of funding under this Act, the Local Health System Integration Act, 2006 and the Connecting Care Act, 2019 and amounts paid by residents,

The licensee has failed to ensure that the Residents' Council was provided with the detailed allocation, by the licensee, of funding under this Act, the Local Health System Integration Act, 2006 and the Connecting Care Act, 2019 and amounts paid by residents, for review.

**Rationale and Summary**

The 2023 Residents' Council Meeting Minutes did not include the detailed allocation, by the licensee, of funding under this Act, the Local Health System Integration Act, 2006 and the Connecting Care Act, 2019 and amounts paid by residents for review.

On February 13, 2024, a Residents' Council Meeting was held at which time the required documentation was provided to the membership for review.

**Sources:** Review of Residents' Council Meeting Minutes and interviews with staff.  
[168]

Date Remedy Implemented: February 13, 2024

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NC #004 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: FLTCA, 2021, s. 63 (1) 9. iv.**

Powers of Residents' Council

s. 63 (1) A Residents' Council of a long-term care home has the power to do any or all of the following:

9. Review,

iv. the financial statements relating to the home filed with the Director under the regulations or provided to a local health integration network or to the Agency, and

The licensee has failed to ensure that the Residents' Council was provided with the financial statements related to the home filed with the Director under the regulations or provided to a local health integration network or to the Agency for review.

**Rationale and Summary**

The 2023 Residents' Council Meeting Minutes did not include the financial statements related to the home filed with the Director under the regulations or provided to a local health integration network or to the Agency for review.

On February 13, 2024, a Residents' Council Meeting was held at which time the required documentation was provided to the membership for review.

**Sources:** Review of Residents' Council Meeting Minutes and interviews with staff.  
[168]

Date Remedy Implemented: February 13, 2024

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NC #005 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: FLTCA, 2021, s. 66 (1) 7. i.**

Powers of Family Council

s. 66 (1) A Family Council of a long-term care home has the power to do any or all of the following:

7. Review,

i. inspection reports and summaries received under section 152,

The licensee has failed to ensure that the Family Council was provided with inspection reports and summaries to review as received under section 152 of FLTCA.

**Rationale and Summary**

The 2023 Family Council Meeting Minutes did not include copies of Ministry of Long-Term Care Inspection Reports for inspections conducted in 2023.

On February 14, 2024, a meeting was held at which time all 2023 Ministry of Long-Term Care Inspection Reports were provided to the membership for review.

**Sources:** Review of Family Council Meeting Minutes and interview with staff. [168]

Date Remedy Implemented: February 14, 2024

NC #006 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: FLTCA, 2021, s. 66 (1) 7. iii.**

Powers of Family Council

s. 66 (1) A Family Council of a long-term care home has the power to do any or all of the following:

7. Review,

iii. the detailed allocation, by the licensee, of funding under this Act, the Local Health

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System Integration Act, 2006 and the Connecting Care Act, 2019 and amounts paid by residents,

The licensee has failed to ensure that the Family Council was provided with the detailed allocation, by the licensee, of funding under this Act, the Local Health System Integration Act, 2006 and the Connecting Care Act, 2019 and amounts paid by residents to review.

**Rationale and Summary**

The 2023 Family Council Meeting Minutes did not include the detailed allocation, by the licensee, of funding under this Act, the Local Health System Integration Act, 2006 and the Connecting Care Act, 2019 and amounts paid by residents to review. On February 14, 2024, a meeting was held at which time the records were provided to the membership for review.

**Sources:** Review of Family Council Meeting Minutes and interview with staff. [168]

Date Remedy Implemented: February 14, 2024

NC #007 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: FLTCA, 2021, s. 66 (1) 7. iv.**

Powers of Family Council

s. 66 (1) A Family Council of a long-term care home has the power to do any or all of the following:

7. Review,

iv. the financial statements relating to the home filed with the Director under the regulations, with the local health integration network for the geographic area where the home is located under the Local Health System Integration Act, 2006 and with the Agency, and

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The licensee has failed to ensure that the Family Council was provided with the financial statements related to the home filed with the Director under the regulations, with the local health integration network for the geographic area where the home was located under the Local Health System Integration Act, 2006 and with the Agency, to review.

**Rationale and Summary**

The 2023 Family Council Meeting Minutes did not include the financial statements which related to the home filed with the Director under the regulations, with the local health integration network for the geographic area where the home was located under the Local Health System Integration Act, 2006 and with the Agency to review.

On February 14, 2024, a meeting was held at which time the records were provided to the membership for review.

**Sources:** Review of Family Council Meeting Minutes and interview with staff. [168]

Date Remedy Implemented: February 14, 2024

NC #008 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.**

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.



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The licensee has failed to ensure that a door which lead to a non-residential area, was kept closed and locked when the area was not supervised by staff.

**Rationale and Summary**

On two occasions an interior hallway door which opened to a non-residential area was left unlocked and unattended by staff.

On February 8, 2024, staff confirmed that the door, to the non-residential area, was to be kept locked at all times, identified that an additional key had been provided and staff were reinstructed.

The door was noted to be locked when checked on February 8, 2024.

**Sources:** Observations of the home and interview with staff. [168]

Date Remedy Implemented: February 8, 2024

NC #009 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 168 (1)**

Continuous quality improvement initiative report

s. 168 (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

The licensee has failed to ensure that their prepared report on the continuous quality improvement initiative for the home was published on its website.

**Rationale and Summary**

The website for Queen's Gardens did not included the Quality Improvement Plan (QIP) Narrative and Workplan for the home.

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On February 12, 2024, the home's QIP Narrative and Work Plan were published on the home's website.

**Sources:** Review of home's website and interview with staff. [168]

Date Remedy Implemented: February 12, 2024

NC #010 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 168 (3)**

Continuous quality improvement initiative report

s. 168 (3) The licensee shall ensure that a copy of the report is provided to the Residents' Council and Family Council, if any.

The licensee has failed to ensure that a copy of the continuous quality improvement initiative report was provided to the Residents' Council and Family Council.

**Rationale and Summary**

The 2023 Residents' and Family Council Meeting Minutes did not include that the councils were provided a copy of the home's continuous quality improvement initiative report.

On February 13 and 14, 2024, council meetings were held, at which time both councils were provided with a copy of the home's 2023 continuous quality improvement initiative report.

**Sources:** Review of the Residents' and Family Council Meeting Minutes and interviews with staff. [168]

Date Remedy Implemented: February 14, 2024

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NC #011 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 265 (4)**

Posting of information

s. 265 (4) The licensee shall ensure that the fundamental principle set out in section 1 of the Act and the Residents' Bill of Rights are posted in both English and French.

The licensee has failed to ensure that the fundamental principle set out in section 1 of the Act and the Residents' Bill of Rights was posted in French.

**Rationale and Summary**

The postings for the French version of the of the fundamental principle and Residents' Bill of Rights were from Long-Term Care Homes Act (LTCHA) 2007 and not Fixing Long-Term Care Act, 2021.

The current versions of the fundamental principle and Residents' Bill of Rights were obtained and observed posted in the home on February 15, 2024.

**Sources:** Observations of the home and interview with staff. [168]

Date Remedy Implemented: February 15, 2024

**WRITTEN NOTIFICATION: Powers of Residents' Council**

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 63 (3)**

Powers of Residents' Council

s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

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The licensee has failed to ensure that when the Residents' Council advised them of concerns or recommendations under either paragraph 6 or 8 of subsection (1), they within 10 days of receipt the advice, responded to the Residents' Council in writing.

**Rationale and Summary**

The Food Committee was identified to be part of the Residents' Council. A review of the meeting minutes, for a specified meeting, identified several concerns or recommendations made related to the food/nutritional services. A Resident Council Recommendation/Concerns Response Form was generated in response to the concerns and a written response was provided. The form did not include a written response for each of the concerns discussed at the meeting. Staff verified that not all concerns were responded to as required and their plans to discuss the concerns and review the menu at the next Food Committee Meeting.

Failure to respond in writing to Residents' Council concerns or recommendations had the potential for issues to not be addressed or a misunderstanding of responses provided.

**Sources:** Review of Meeting Minutes and interviews with staff. [168]

**WRITTEN NOTIFICATION: Training**

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 82 (4)**

Training

s. 82 (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations.

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The licensee has failed to ensure that the persons who received training under subsection (2) received the retraining in the areas mentioned in that section at the intervals as provided for in the regulations.

FLTCA s. 82 (1) identified that all staff in the home were to receive training in the areas as required.

FLTCA s. 82 (2) identified that training was required in the areas, including: the home's policy to promote zero tolerance of abuse and neglect and the duty under section 28 to make mandatory reports.

O. Reg. 246/22 s. 260 (1) identified the retraining was to be completed at annual intervals.

**Rationale and Summary**

Course completion records for staff training on Zero Tolerance of Resident Abuse and Neglect identified that not all staff in 2023 completed the required training.

There was a risk that not all staff were familiar with the home's policy to promote zero tolerance of abuse and neglect of residents and the duty under section 28 to make mandatory reports, when they did not receive annual retraining as required.

**Sources:** Training records and interview with staff. [168]

**WRITTEN NOTIFICATION: Nutrition Care and Hydration Programs**

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 74 (2) (c)**

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs

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include,

(c) the implementation of interventions to mitigate and manage those risks;

The licensee has failed to ensure that the home's Nutritional Care and Hydration Program's "Dietary Referral" policy was followed, specifically in the implementation of interventions to mitigate and managed risks.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee of a long-term care home was required to have a Nutritional Care and Hydration program and to ensure that the program was complied with.

**Rational and Summary**

A resident was provided a specific beverage.

Their written care plan and the Meal Service Report directed staff not to provide the specified beverage and identified suitable beverages to be offered.

Staff stated that the resident did not always drink the suitable beverages but liked the specified beverage, and that the resident's likes/dislikes changed daily.

Staff confirmed the resident should not have been served the specific beverage in accordance with their care plan and that a nutritional referral was not submitted for an assessment of the resident.

The Dietary Referral Policy identified the need for a nutrition intervention might be identified by any member of the health care team. Upon identification of a need, the health professional would complete a Dietary Referral when there was a request or refusal of interventions. The Food and Nutrition Manager or Registered Dietitian would address the request in accordance with resident risk.

**Sources:** Observations; review of care plan and Meal Service Report and interviews with staff. [632]

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## WRITTEN NOTIFICATION: Infection Prevention and Control

### Program

NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)**

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

The licensee has failed to ensure that on every shift symptoms were recorded.

### Rational and Summary

The Daily Infection Surveillance Tracking form for a resident indicated they had an infection and the Infection Report indicated the type of infection suspected.

The Unit Daily Record and 24 hours Resident Condition reports for the home area, the Daily Infection Surveillance Tracking form and the resident's progress notes did not include that the symptoms of infections were recorded during a specific shift on two dates.

**Sources:** Review of the Daily Infection Surveillance Tracking form, Infection Report, Unit Daily Record and 24 hours Resident Condition reports, progress notes and interview with staff. [632]

## WRITTEN NOTIFICATION: Continuous Quality Improvement

### Initiative Report

NC #016 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 168 (2) 5. ii.**

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Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

5. A written record of,

ii. the results of the survey taken during the fiscal year under section 43 of the Act, and

The licensee has failed to ensure that their continuous quality improvement report, published on their website included a written record of the results of the survey taken during the fiscal year under section 43 of the Act.

**Rationale and Summary**

A review of the Queen's Gardens website included their 2023, QIP Narrative for Health Care Organizations in Ontario and Workplan Report.

These reports did not include a written record of the results of the survey taken during the fiscal year under section 43 of the Act.

Staff confirmed that the information as required was not included in the published continuous quality improvement report, nor was the information located elsewhere on the website.

**Sources:** Review of the Queen's Gardens website including QIP workplan and narrative report and interview with staff. [168]

**WRITTEN NOTIFICATION: Continuous Quality Improvement Initiative Report**

NC #017 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 168 (2) 5. iii.**

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following



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information:

5. A written record of,

iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee has failed to ensure that their continuous quality improvement report, published on their website included how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, and members of the staff of the home.

**Rationale and Summary**

A review of the Queen's Gardens website included their 2023, QIP Narrative for Health Care Organizations in Ontario and Workplan Report.

These reports did not include how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, and members of the staff of the home.

Staff confirmed that the information as required was not included in the published continuous quality improvement report, nor was the information located elsewhere on the website.

**Sources:** Review of the Queen's Gardens website including QIP workplan and narrative report and interview with staff. [168]

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## **WRITTEN NOTIFICATION: Continuous Quality Improvement Initiative Report**

NC #018 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 168 (2) 6.**

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

6. A written record of,

- i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,
- ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,
- iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,
- iv. the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii, and
- v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee has failed to ensure that their continuous quality improvement report, published on their website included a written record of the dates the actions were implemented and the outcomes of the actions taken in response to improvement in

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the home, care, services, program and goods based on the results of the survey taken during the fiscal year under clause 43 (5) (b) of the act; any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions; the role of the Residents' Council and Family Council, in actions taken under subparagraphs i and ii; the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii; and v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, and members of the staff of the home.

**Rationale and Summary**

A review of the Queen's Gardens website included their February 22, 2023, QIP Narrative for Health Care Organizations in Ontario and Workplan Report.

The reports did not include a written record of the dates the actions were implemented and the outcomes of the actions taken in response to improvement in the home, care, services, program and goods based on the results of the survey taken during the fiscal year under clause 43 (5) (b) of the act; any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions; the role of the Residents' Council and Family Council, in actions taken under subparagraphs i and ii; the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii; and how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, and members of the staff of the home.

Staff confirmed that the information as required was not included in the published

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continuous quality improvement report, nor was the information located elsewhere on the website.

**Sources:** Review of the Queen's Gardens website including QIP workplan and narrative report and interview with staff. [168]

**WRITTEN NOTIFICATION: Additional Training - Direct Care Staff**

NC #019 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 261 (1) 1.**

Additional training — direct care staff

s. 261 (1) For the purposes of paragraph 6 of subsection 82 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

1. Falls prevention and management.

The licensee has failed to ensure that all staff who provided direct care to residents completed training on falls prevention and management in 2023.

**Rationale and Summary**

Training records for direct care staff on falls prevention and management identified that not all staff completed the training as required in 2023.

There was risk that some care staff were not familiar with the home's falls prevention and management program when they did not complete training as required.

**Sources:** Surge Course Completion report and interview with staff. [168]

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**WRITTEN NOTIFICATION: Additional Training - Direct Care Staff**

NC #020 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 261 (1) 2.**

Additional training — direct care staff

s. 261 (1) For the purposes of paragraph 6 of subsection 82 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

2. Skin and wound care.

The licensee has failed to ensure that all staff who provided direct care to residents completed training on skin and wound care in 2023.

**Rationale and Summary**

Training records for direct care staff on skin and wound care identified that not all staff completed the required training in 2023.

There was risk that some care staff were not familiar with the home's skin and wound care program when they did not complete training as required.

**Sources:** Surge Course Completion report and interview with staff. [168]

**WRITTEN NOTIFICATION: Additional Training - Direct Care Staff**

NC #021 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 261 (1) 4.**

Additional training — direct care staff

s. 261 (1) For the purposes of paragraph 6 of subsection 82 (7) of the Act, the

**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  
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following are other areas in which training shall be provided to all staff who provide direct care to residents:

4. Pain management, including pain recognition of specific and non-specific signs of pain.

The licensee has failed to ensure that all staff who provided direct care to residents completed training on pain management, including pain recognition of specific and non-specific signs of pain in 2023.

**Rationale and Summary**

Training records for direct care staff on pain management, including pain recognition of specific and non-specific signs of pain identified that not all staff completed the training as required in 2023.

There was risk that some care staff were not familiar with the home's pain management program when they did not complete training as required.

**Sources:** Surge Course Completion report and interview with staff. [168]