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: April 1, 2025
Inspection Number: 2025-1338-0001
Inspection Type: Complaint Critical Incident Follow up
Licensee: Liuna Local 837 Nursing Home (Hamilton) Corporation
Long Term Care Home and City: Queen's Garden, Hamilton

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 24-28, 2025.

The following intake(s) were inspected:

- Intake: #00133657 - Follow-up related to infection prevention and control.
- Intake: #00134824 - Critical Incident (CI) related to falls prevention and management.
- Intake: #00137251 - Complaint related to resident care and support services, falls prevention and management, residents' rights and choices and restraints/Personal Assistance Services Devices (PASD) management.
- Intake: #00143561 - related to resident care and support services.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2024-1338-0005 related to O. Reg. 246/22, s. 272

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

Resident Care and Support Services
Infection Prevention and Control
Residents' Rights and Choices
Falls Prevention and Management
Restraints/Personal Assistance Services Devices (PASD) 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 (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to ensure that an intervention related to altered skin integrity was removed from a resident's plan of care when it was no longer applicable. The intervention was removed from the resident's plan of care when it was brought to management's attention.

Sources: Resident's clinical records; and interview with the management.

Date Remedy Implemented: March 26, 2025

WRITTEN NOTIFICATION: Plan of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9)
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.
2. The outcomes of the care set out in the plan of care.
3. The effectiveness of the plan of care.

The licensee has failed to ensure that the provision, outcome and effectiveness of care for a resident were documented related to the use of hip protectors as a fall intervention safety device.

Sources: Resident's clinical records; observations; and interviews with staff and management.

WRITTEN NOTIFICATION: Inclusion in Plan of Care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 36 (4) 1.
PASDs that limit or inhibit movement
s. 36 (4) The use of a PASD under subsection (3) to assist a resident with a routine activity of living may be included in a resident's plan of care only if all of the following are satisfied:
1. Alternatives to the use of a PASD have been considered, and tried where appropriate, but would not be, or have not been, effective to assist the resident with the routine activity of living.

The licensee has failed to ensure that alternatives were considered and tried where appropriate, prior to including a dynamic tilt wheelchair as a PASD in a resident's plan of care.

Sources: Resident's clinical record, Interviews with staff and management.

WRITTEN NOTIFICATION: General Requirements for Programs

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 34 (2)
General requirements
s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident’s responses to interventions are documented.

The licensee has failed to ensure that interventions related to falls prevention and management for a resident were documented.

A resident assessed at a high falls risk had interventions put in place on a date in August 2024, however, they were not documented in the resident's plan of care. On a date in September 2024, the resident had a fall resulting in an injury.

Sources: Resident's clinical records, interview with management.

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