

**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**

<b>Report Issue Date:</b> February 14, 2025
<b>Inspection Number:</b> 2025-1490-0001
<b>Inspection Type:</b> Critical Incident Follow up
<b>Licensee:</b> The Governing Council of the Salvation Army in Canada
<b>Long Term Care Home and City:</b> R. H. Lawson Eventide Home, Niagara Falls

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): February 6, 10-14, 2025.

The following intakes were inspected:

- Intake #00130115/Critical Incident (CI) #2991-000025-24 was related to infection prevention and control;
- Intake #00130415/CI #2991-000026-24 was related to infection prevention and control;
- Intake #00133805/CI #2991-000031-24 was related to infection prevention and control;
- Intake #00137928/CI #2991-000002-25 was related to infection prevention and control;
- Intake #00132393/CI #2991-000030-24 was related to falls prevention and management;
- Intake #00130591 -Follow-up #1 – Compliance Order (CO) #001/2024-1490-0003, O. Reg. 246/22 - s. 53 (2) (b)- falls prevention and management, Compliance Due Date (CDD) January 17, 2025; and
- Intake #00133914- Follow-up #1 - CO #001 / 2024-1490-0004, O. Reg. 246/22 s. 97 - housekeeping, laundry, and maintenance services, CDD - December 20, 2024.

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## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2024-1490-0003 related to O. Reg. 246/22, s. 53 (2) (b)  
Order #001 from Inspection #2024-1490-0004 related to O. Reg. 246/22, s. 97

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

- Housekeeping, Laundry and Maintenance Services
- Safe and Secure Home
- Infection Prevention and Control
- Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Home to be safe, secure environment

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

**Non-compliance with: FLTCA, 2021, s. 5**

Home to be safe, secure environment

s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

The licensee has failed to ensure that the shower room flooring on an identified home area was a safe environment for a resident. On an identified date, there was a raised ledge between the spa room flooring and shower area flooring that contributed to staff being unable to effectively bring a resident to the shower area,

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which led to an imbalance and resulted in the resident falling and sustaining an injury. The home has since completed a repair to the shower room to prevent the potential of future recurrence.

**Sources:** Interview with the resident, staff; clinical records of resident including progress notes and post fall assessment; Critical Incident Report; the home's internal investigative notes.

## WRITTEN NOTIFICATION: CMOH and MOH

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

**Non-compliance with: O. Reg. 246/22, s. 272**

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

A. The licensee has failed to ensure that high touch surfaces throughout all common areas accessed by residents were cleaned and disinfected at a minimum twice daily during a facility-wide acute respiratory illness (ARI) outbreak during an identified time period between October and November 2024.

Housekeeping staff did not document that high touch surfaces were cleaned and disinfected at least twice daily between specified dates during the identified time period.

**Sources:** CMOH Recommendation for Outbreak Prevention and Control in Institutions and Congregate Living Settings, effective April 19, 2024 s. 3.12, home's Environmental Services for Infection Prevention and Control policy, last revised September 10, 2024, home's high touch cleaning checklists, home's housekeeping

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checklists; interview with Director of Environmental Services (DES) #110 and housekeeping staff #111.

B. The licensee has failed to ensure that high touch surfaces throughout all common areas accessed by residents were cleaned and disinfected at a minimum twice daily during an ARI outbreak on an identified floor for a period of time in January 2025.

Housekeeping staff did not document that high touch surfaces were cleaned and disinfected at least twice daily between that period of time.

**Sources:** CMOH Recommendation for Outbreak Prevention and Control in Institutions and Congregate Living Settings, effective April 19, 2024 s. 3.12, home's Environmental Services for Infection Prevention and Control policy, last revised September 10, 2024, home's high touch cleaning checklists, home's housekeeping checklists; interview with DES #110 and housekeeping staff #111.

## **COMPLIANCE ORDER CO #001 Infection prevention and control program**

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**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 Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 102 (2) (b) [FLTCA, 2021, s. 155 (1) (b)]:**

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The Inspector is ordering the licensee to ensure that any standard or protocol issued by the Director with respect to infection prevention and control (IPAC) is complied with. The plan must include but is not limited to:

(1) Short-term and long-term actions the home will take to ensure that point-of-care signage indicating that enhanced IPAC control measures are in effect, are posted at the entrance to the resident's room or bed space.

Please submit the written plan for achieving compliance for inspection 2025-1490-0001 to the LTC Homes Inspector, MLTC, by email to HamiltonDistrict.MLTC@ontario.ca by March 28, 2025. Please ensure that the submitted written plan does not contain any PI/PHI.

**Grounds**

A. The licensee has failed to ensure that the "Infection Prevention and Control Standard for Long-Term Care Homes, September 2023" (IPAC Standard) was implemented. The IPAC Standard under section 9.1, related to Additional Precautions, subsection (e) stated that the licensee shall ensure that appropriate signage was posted to indicate residents were on additional precautions.

On an identified date in February 2025 during IPAC observations, an inspector noted the room for two identified resident's had a Personal Protective Equipment (PPE) dispenser on the doorframe. An identified individual was observed providing one personal care assistance in the room and was not made aware that they required PPE. Staff confirmed both residents required additional precautions at the time, and that there was no posted signage indicating that either resident required additional precautions.

**Sources:** Observations; interviews with Registered Practical Nurse #113; review of resident clinical record.

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B. The licensee has failed to ensure that the IPAC Standard was implemented. The IPAC Standard under section 10.4 (h) stated that the licensee shall ensure that the hand hygiene program also includes policies and procedures, as a component of the overall IPAC program, as well as support for residents to perform hand hygiene prior to receiving meals and snacks.

On an identified date in February 2025, during observation of morning snack service on an identified home area, the responsible staff member did not support a resident to perform hand hygiene prior to receiving their snack.

**Sources:** Observations; interview with staff.

**This order must be complied with by** March 31, 2025

**An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001**

**NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #001**

**Related to Compliance Order CO #001**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$5500.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

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**Compliance History:**

O. Reg 246/22 s. 102(2)(b)

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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## REVIEW/APEAL INFORMATION

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

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**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).