

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: October 1, 2025

Inspection Number: 2025-1490-0006

Inspection Type:

Complaint

Critical Incident

Licensee: The Governing Council of the Salvation Army in Canada

Long Term Care Home and City: R. H. Lawson Eventide Home, Niagara Falls

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 22-26, 29, 2025 and October 1, 2025

The following intake(s) were inspected:

 Intake: #00153528/CI #2991-000018-25 and Complaint Intake: #00155782 related to Prevention of Abuse and Neglect; Food, Nutrition and Hydration; Nursing and Personal Support Services; Reporting and Complaints.

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

Resident Care and Support Services Food, Nutrition and Hydration Prevention of Abuse and Neglect Reporting and Complaints



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INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care - Documentation

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

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.

The licensee has failed to ensure that the provision of care set out in the plan of care was documented for a resident.

A new care task was added for the resident, requiring direct care staff to perform checks every two hours to ensure specified housekeeping and activity of daily living interventions were implemented for the resident.

A review of records indicated that direct care staff did not document completion of this task for a week. The Quality Improvement Coordinator confirmed the documentation lapse during an interview.

Sources: Resident's clinical records and an interview with the Quality Improvement Coordinator.

WRITTEN NOTIFICATION: Policies to be followed, and records

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

Non-compliance with: O. Reg. 246/22, s. 11 (1) (b)



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Policies, etc., to be followed, and records

s. 11 (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system, (b) is complied with.

The licensee has failed to comply with the home's communication and response system policy which was part of the home's nursing and personal support services program which directed all staff to respond to the communication and response system in a timely manner. This did not occur for a resident on twenty-four occasions in two months where the call bell response time ranged from sixteen minutes to thirty-three minutes. In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for nursing and personal support service were complied with.

Sources: Family complaint, call bell log, interview with Executive Director (ED).

WRITTEN NOTIFICATION: Nutritional care and hydration programs

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Nutritional care and hydration programs

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

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;



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The licensee has failed to comply with the home's nutrition care and hydration program when specified nutritional care interventions did not occur for a resident who was assessed with significant vital change on three identified dates. In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for nutrition and hydration program were complied with. Specifically, the home's nutrition and hydration policy indicated that a referral to the registered dietitian (RD) by registered staff shall be made when there was a significant vital change and that an identified resident's parameter was to be done monthly, which did not occur for the resident.

Sources: Resident's clinical record, Nutrition Care and Hydration Policy, interview with RD.