

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: December 1, 2025

Inspection Number: 2025-1490-0007

Inspection Type:

Proactive Compliance Inspection

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 dates: November 19- 21, 24, 26-28, 2025 and December 1, 2025

The following intake was inspected:

- Intake: #00162390 - Proactive Compliance Inspection

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

Infection Prevention and Control
Safe and Secure Home
Pain Management

INSPECTION RESULTS

Non-Compliance Remedied

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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: O. Reg. 246/22, s. 20 (a)

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

The home's resident-staff communication and response system (RSCRS) included call bells in common areas that are accessible to residents, visitors, and staff. It was observed that in two different common areas, furniture was noted to be in front of two call bells. Staff acknowledged that the placement of the furniture in the common areas resulted in the call bell's not being easily accessible.

At a later time, the furniture was moved, and the call bells became easily accessible. Further observations confirm the concern was remedied.

Sources: observations of call bells; interview with registered staff.

Date Remedy Implemented: November 27, 2025

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

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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.

A resident's plan of care indicated staff were to document a progress note at specific intervals during the day. A review of the resident's progress notes during a specified time frame showed that a progress note had not been completed on several occasions, as required.

Registered staff and management confirmed that staff would need to complete the intervention as specified in the resident's plan of care, and acknowledged that this was not done.

Sources: Resident plan of care; interviews with staff and family.

WRITTEN NOTIFICATION: General requirements

NC #003 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 home's Pain Management policy stated all residents with a specific pain level score above an identified value must have a complete pain assessment done immediately.

A) A resident's pain score was documented as above the identified pain level score value on several occasions in November 2025. A review of the resident's plan of

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care showed that a complete pain assessment had not been completed as required.

Sources: A resident's plan of care; the home's Pain Management policy, last reviewed February 28, 2023; interviews with registered staff and management.

B) On a date in November, 2025, another resident's pain score was noted to be above the identified pain level score value. A review of the resident's plan of care showed that a complete pain assessment had not been completed as required.

Sources: A resident's plan of care; the home's Pain Management policy, last reviewed February 28, 2023; interview with registered staff.