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
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Public Report

Report Issue Date: September 18, 2025
Inspection Number: 2025-1266-0005
Inspection Type: Complaint Critical Incident
Licensee: Shalom Village Nursing Home
Long Term Care Home and City: Shalom Village Nursing Home, Hamilton

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: September 9-11, and, 15-18, 2025.

The following intakes were inspected:
- Intake: #00150921, Critical Incident (CI) 2775-000042-25 was related to plan of care and transferring techniques; and,
- Intake: #00155165 was related to falls prevention and management.

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

Reporting and Complaints
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 (1) (c)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that staff providing care to a resident were provided with clear direction when their written plan of care specified safety rounds with two different time intervals. When the contradictory information was pointed out, the plan of care was revised the same day.

Sources: resident's clinical records; and interview with the Director of Care (DOC).

Date Remedy Implemented: September 16, 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 (8)
Plan of care
s. 6 (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have

convenient and immediate access to it.

The licensee has failed to ensure that a personal support worker (PSW) was kept aware of the contents of a resident's plan of care when the kardex did not reflect a recent change regarding transferring. The PSW did not attend the shift report and was unfamiliar with the change in care.

Sources: resident's clinical records, the home's investigation notes; and interviews with staff and the DOC.

WRITTEN NOTIFICATION: Transferring and Positioning Techniques

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 40
Transferring and positioning techniques
s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee has failed to ensure that a resident was transferred using safe transferring techniques when a PSW did not use the right transfer method. The resident's mode of transfer was changed to provide increased safety.

Sources: resident's clinical records, home's investigation notes; and interviews with staff and DOC.

WRITTEN NOTIFICATION: Fall Prevention and Management

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee has failed to comply with the falls prevention and management program when a head injury routine (HIR) form was not found for a resident. In accordance with O. Reg. 246/22, s. 11 (1)(b), the licensee is required to ensure that written policies developed for the falls prevention and management program were complied with. Specifically, the home was unable to produce the HIR for a resident's unwitnessed fall.

Sources: resident's clinical records, Falls Prevention and Management Program; and interview with the DOC.