

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Central West District**

609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901

## Public Report

**Report Issue Date:** June 27, 2025

**Inspection Number:** 2025-1585-0004

**Inspection Type:**

Complaint  
Critical Incident  
Follow up

**Licensee:** Regional Municipality of Waterloo

**Long Term Care Home and City:** Sunnyside Home, Kitchener

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: June 12-13, 17-20, and 23-27, 2025.

The following intakes were inspected:

- Intake 00145393 - Follow-up for Compliance Order #001 of inspection 2025-1585-0003 regarding Palliative Care
- Intake 00141908 - M578-000022-25: Allegation of neglect
- Intake 00143069 - M578-000025-25: Resident fall
- Intake 00144138 - M578-000028-25: Alleged resident abuse
- Intake 00144917 - M578-000030-25: Alleged neglect
- Intake 00146219 - M578-000039-25 Alleged resident abuse
- Intake 00146420 - M578-000037-25: Alleged improper resident care
- Intake 00146605 - M578-000041-25: Alleged resident abuse
- Intake 00148585 - Complaint

## Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1585-0003 related to O. Reg. 246/22, s. 61 (4) (d)

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

- Contenance Care
- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Prevention of Abuse and Neglect
- Palliative Care
- Reporting and Complaints
- Pain Management
- Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Duty to protect

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

**Non-compliance with: FLTCA, 2021, s. 24 (1)**

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee has failed to ensure that a resident was not abused by a staff member.

In accordance with the definition identified in Ontario Regulation 246/22, section 2 (1) (a) "verbal abuse means, any form of verbal communication of a threatening or

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intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident.

**Sources:** A Critical Incident Report and related investigation file, interview with staff and a resident

## **WRITTEN NOTIFICATION: Transferring and positioning techniques**

NC #002 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 failed to ensure safe transferring techniques were used with a resident.

**Sources:** A resident's clinical records, interviews with staff

## **WRITTEN NOTIFICATION: Fall prevention and management**

NC #003 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).

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The licensee has failed to ensure that the falls prevention and management program provided for the use of equipment, supplies, devices and assistive aids for a resident.

In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee is required to ensure the falls prevention and management program, at a minimum, includes the use of devices and provides for strategies to monitor residents, and must be complied with.

The home's Fall Prevention and Management Program Policy goal and objectives included to implement individualized prevention strategies for each resident to maximize resident safety while fostering independence and increased quality of life.

During inspection observations, a resident's falls prevention and management intervention was not in place.

**Sources:** Inspector observations, a resident's clinical records, Falls Prevention and Management Program, Policy number f-02, revised/approved July 30, 2024, and interview with staff.

## **WRITTEN NOTIFICATION: Skin and wound care**

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

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)**

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1),

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using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee failed to ensure that a resident's wound was initially assessed using a clinically appropriate skin assessment instrument.

**Sources:** A resident's clinical records, Skin and Wound Care Program Policy, Policy number s-50, revised/approved March 24, 2025, and interviews with staff.

### **WRITTEN NOTIFICATION: Skin and wound care**

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii)**

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

The licensee failed to ensure a resident received immediate treatment for a wound when merited.

**Sources:** A resident's clinical records, interviews with staff, etc.

### **WRITTEN NOTIFICATION: Continence care and bowel management**

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 56 (2) (b)**

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Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

The licensee failed to ensure a resident received care as per their individualized plan of care for bowel management on a specified date.

**Sources:** A resident's clinical records, Interview staff, etc.