

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: August 26, 2025

Inspection Number: 2025-1585-0005

Inspection Type:

Complaint
Critical Incident

Licensee: Regional Municipality of Waterloo

Long Term Care Home and City: Sunnyside Home, Kitchener

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 6-8, 11-15, 18-20, and 22, 2025.

The following intake(s) were inspected:

- Intake: #00143359/ Intake: #00151951 – Complaint related to a lack of communication.
- Intake: #00150746 - CIS related to infection prevention and control.
- Intake: #00151172 - CIS related to injury of unknown cause.
- Intake: #00152596 - CIS related to allegation of abuse.
- Intake: #00153105 - Complaint related to the readmission process.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Infection Prevention and Control
Prevention of Abuse and Neglect

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Responsive Behaviours
Reporting and Complaints
Pain Management
Falls Prevention and Management
Admission, Absences and Discharge

INSPECTION RESULTS

WRITTEN NOTIFICATION: Transferring and Positioning Techniques

NC #001 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 staff use safe transferring techniques when assisting a resident.

Sources: Resident clinical records, inquiry and interviews with staff.

WRITTEN NOTIFICATION: Housekeeping

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

Non-compliance with: O. Reg. 246/22, s. 93 (4)

Housekeeping

s. 93 (4) The licensee shall ensure that a sufficient supply of housekeeping

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equipment and cleaning supplies is readily available to all staff at the home.

The licensee has failed to ensure that the home's policy for daily cleaning of resident rooms were followed, when the home lacked sufficient housekeeping supplies.

Sources: Standard Operating procedures-Resident Room Daily Cleaning, interviews with RHA, Environmental Service Supervisor and IPAC Lead.

COMPLIANCE ORDER CO #001 Required programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The Licensee shall:

a) Educate all registered staff on an identified home area on the home's pain management policy related to identifying, conducting comprehensive pain assessments, and managing pain using non-pharmacological and/or pharmacological interventions to maximize function and promote quality of life for residents.

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b) Provide education to all PSW staff on an identified home area, focusing on proper techniques for turning, repositioning, and safely transferring residents with injuries and or pain. Training should also cover timely and thorough documentation of injuries or bruising, effective pain management, and the importance of reporting and following up with registered staff.

c) Document the education including the date, format, content and staff attending the training, including the staff member who provided the education.

d) Conduct a root cause analysis with the interdisciplinary team to examine the concerns identified in the noncompliance related to a resident, focusing on the specified time frame. Document the findings of the analysis, identify contributing factors, and outline corrective actions to prevent recurrence. Share the resulting plan with relevant frontline staff, and consider implementing an audit or monitoring process to evaluate the effectiveness of the new measures.

e) Maintain written documentation of the analysis and review conducted in the home. This should include the name of the individual who led the review, the content discussed with staff, the date of the review, and the corrective actions identified for implementation.

Grounds

Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: A pain management program to identify pain in residents and manage pain.

The licensee failed to ensure that a resident was assessed using the home's assessment tool when a new onset of pain was identified.

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In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that the pain program was developed and complied with.

Specifically, the home's Policy for Pain Management, stated that the Pain Assessment and/or the PAINAD should be completed for all residents when there was a significant change in health status. Based on the daily Pain Intensity Rating, if the resident is experiencing unmanaged pain they should be treated immediately using non-pharmacological and/or pharmacological interventions to maximize function and promote quality of life.

Progress note indicated that a resident expressed complaints of pain, however, no comprehensive pain assessment was completed and neither non-pharmacological nor pharmacological interventions were initiated.

The failure to conduct timely and comprehensive pain assessments placed the resident at risk of delayed treatment, resulting in prolonged discomfort, and compromised quality of life.

Sources: Resident clinical record, interview with PSW staff, RPNs, RNs, AMOC and review of Pain Management.

This order must be complied with by October 31, 2025

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REVIEW/APPEAL 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, 8th floor
Toronto, ON, M7A 1N3

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e-mail: MLTC.AppealsCoordinator@ontario.ca

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:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: 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.