

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 12, 2025
Inspection Number: 2025-1232-0004
Inspection Type: Critical Incident
Licensee: 955464 Ontario Limited
Long Term Care Home and City: Valley Park Lodge, Niagara Falls

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 9, 10, 11, 12, 2025

The following intake(s) were inspected:

- Intake #00161845 / Critical Incident (CI) #2737-000016-25 - related to infection prevention and control

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

Infection Prevention and Control
Safe and Secure Home

INSPECTION RESULTS

WRITTEN NOTIFICATION: CMOH and MOH

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

Non-compliance with: O. Reg. 246/22, s. 272

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

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Recommendations issued by the Chief Medical Officer of Health (CMOH) for Outbreak Prevention and Control (February 2025) required the home to ensure that alcohol-based hand sanitizers in use are not expired.

On a specified date, the inspector observed four expired alcohol-based hand sanitizers in a resident common area and two in the staff accessible area of the home.

Sources: Observations, and Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings (effective: February 2025).

COMPLIANCE ORDER CO #001 Hazardous substances

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 97

Hazardous substances

s. 97. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times.

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

A) Educate and re-train all the Personal Support Workers (PSW) and Registered staff on the home's hazard identification reporting policy and procedure, including but not limited to staff's expectation of completing a hazard report form to identify and report hazards and conditions that may pose a risk to the health, safety, and well-being of the residents and others in the home.

B) Ensure that all non-functional hazardous devices are removed from resident-accessible areas.

C) Document the education, including the components of education, the date the education was provided, and the name of the staff member(s) who provided the education and the name of the staff member(s) who were educated.

d) Maintain written records of the education in the home, including the date and time of the education session, the name of the staff member(s) who completed the education, and corrective actions (if any) that were taken after completion of these education and training sessions.

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Grounds

The licensee did not ensure that hazardous substances were labelled and were kept inaccessible to residents at all times.

On a specified date, the inspector observed a device containing a hazardous substance without its protective lid in a resident common area, accessible to residents. The Home's Health and Safety Lead confirmed that the device posed a potential health and safety hazard to residents and others in the resident common area.

The presence of a device containing a hazardous substance in an area accessible to residents posed a risk to the safety and well-being of residents and others in the home.

Sources: Observations, Home's policy titled "Hazard Identification Reporting Policy and Procedure" (last revised in February 2024), and interview with the Health and Safety Lead.

This order must be complied with by January 23, 2026

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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
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

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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:

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.