

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: January 23, 2026

Inspection Number: 2026-1229-0001

Inspection Type:

Proactive Compliance Inspection

Licensee: Peel Housing Corporation

Long Term Care Home and City: Vera M. Davis Community Care Centre, Bolton

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: January 14, 16, 19-21, and 23, 2026

The inspection occurred offsite on the following date: January 15, 2026

The following intake was inspected:

-Intake #00166038, related to a Proactive Compliance Inspection

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

Skin and Wound Prevention and Management

Infection Prevention and Control

Falls Prevention and Management

INSPECTION RESULTS

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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: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

Signage that lists the signs and symptoms of infectious diseases for self-monitoring, as well as steps that must be taken if an infectious disease is suspected or confirmed in any individual, was not posted throughout the home.

On January 16, 2026, the signage was observed to be posted in various locations throughout the home.

Sources: Long-Term Care Homes (LTCH) Inspector's observations, IPAC Standard, April 2022, Revised September 2023, and an interview with the IPAC Lead.

Date Remedy Implemented: January 16, 2026

WRITTEN NOTIFICATION: General requirements

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

Non-compliance with: O. Reg. 246/22, s. 34 (2)

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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.

a) When a resident had a change in their condition, the resident's assessment was incomplete, and the actions taken in response to this change in condition were not documented.

Sources: a resident's clinical records, and interviews with staff.

b) When an intervention was refused by a resident, there was no documentation of the follow up actions taken by staff in response to the refusal.

Sources: a resident's clinical records and an interview with staff.

WRITTEN NOTIFICATION: Skin and wound care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (1) 3.

Skin and wound care

s. 55 (1) The skin and wound care program must, at a minimum, provide for the following:

3. Strategies to transfer and position residents to reduce and prevent skin breakdown and reduce and relieve pressure, including the use of equipment, supplies, devices and positioning aids.

The home's skin and wound program documented specific strategies to prevent skin breakdown and relieve pressure. When a resident had a skin concern, these

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strategies were not followed as specified in the home's skin and wound program. The resident had a deterioration of their skin concern.

Sources: a resident's clinical records, the home's Skin and Wound Program and interviews with staff.

WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

When a resident had symptoms indicating an infection, immediate action was not implemented to reduce the transmission and isolate the resident.

Sources: a resident's clinical records, the home's Prevention and management of a respiratory outbreak, influenza and other respiratory infections, and interviews with staff.