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**
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

# Public Report

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| **Report Issue Date:** June 25, 2025 |
| **Inspection Number:** 2025-1296-0003 |
| **Inspection Type:**<br>Critical Incident |
| **Licensee:** Mirdem Nursing Homes Ltd. |
| **Long Term Care Home and City:** Victoria Gardens Long Term Care, Hamilton |

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 10 - 13, 16, 17, 19, 24 & 25, 2025.

The following intake(s) were inspected in the Critical Incident (CI) section:

- Intake: #00148540/ CI# 2806-000011-25 - Fall of resident resulting in an injury
- Intake: #00148904/ CI# 2806-000013-25 - Fall of resident resulting in an injury.

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

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 a resident was not neglected by staff.

Section 2 of the Ontario Regulation (O. Reg 246/22) defines "neglect" as the failure to provide a resident with the treatment, care, services or assistance required for health, safety or wellbeing, and includes inaction or pattern of inaction that jeopardizes the health, safety and wellbeing of one or more residents.

On a date in May, a resident  had a fall complained of right leg pain. A staff administered as needed (PRN) pain medication that was ineffective. A staff documented that the resident was still in pain. No pain management interventions were provided.

On the following day, a physio referral was made and was noted that the resident was hard to transfer. A staff informed inspector that the resident's transfer status had changed. The staff documented that they assessed the resident and identified that the resident had been weak since the fall. They called the physician and left a message regarding potential interventions. There was no documentation that the physician returned the call that day or that staff attempted to call them again. Another staff documented that staff indicated the resident was still weak and required a different transfer status. They documented that they would continue to monitor. There was no documentation on any discussions with the physician regarding the message that was left the previous day. The physiotherapist assessed the resident and made recommendations. The resident was sent to the hospital with an injury eight days after their fall.

**Sources:** Resident's clinical records, Progress notes and interview with staff.

## WRITTEN NOTIFICATION: Pain management

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 57 (2)**
Pain management
s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The licensee has failed to ensure that when a resident's pain was not relived by initial interventions, the resident was assessed using clinically appropriate assessment specifically designed for this purpose.

A resident had a fall and identified pain. PRN was administered and was ineffective. There was no assessment completed after the initial intervention was ineffective.

**Sources:** Progress notes, investigation notes and interview with staff.

## 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 (2) (b)**
Required programs
s. 53 (2) Each program must, in addition to meeting the requirements set out in section 34,
(b) provide for assessment and reassessment instruments. O. Reg. 246/22, s. 53 (2).

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

1) Provide an in person training session to all registered nursing staff (Registered Nurses and Registered Practical Nurses) on the home's pain management program,

2) The training session must include but is not limited to,
The definition of pain
Specific examples of different types of pain management interventions
When to provide those types of pain management interventions
3) Document the education, include the date and time the session was held, the length of the session, the staff members who attended the training, the signatures of the staff who completed the education and who provided the education,

4) The LTCH must keep a written record of #3 and provide to inspector upon request.

**Grounds**

The licensee has failed to comply with their Pain Management Program.

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

Specifically, staff did not comply with their Pain Management policy, last reviewed on March 3, 2025 that indicated a comprehensive assessment will be completed when a resident reports a new pain that is not episodic in nature (headache) or exacerbating of existing pain that is not easily addressed with medication.

A resident had a fall and complained of new pain. Staff did not complete a pain assessment.

Sources: Resident's clinical records, Pain Policy, interview with staff and a resident.

The licensee has failed to comply with their Pain Management Program.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that the written policies developed for the pain management program are complied with.

Specifically, staff did not comply with their Pain Management policy, last reviewed on March 3, 2025 that indicated a comprehensive assessment will be completed when a resident reports a new pain that is not episodic in nature (headache) or exacerbating of existing pain that is not easily addressed with medication adjustments.

Another resident had a fall and complained of new pain on their right leg. Staff did not complete a pain assessment.

Sources: Progress notes, resident's clinical records, Pain Policy and interview with staff.

The licensee has failed to comply with their Pain Management Program.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that the written policies developed for the pain management program are complied with.

Specifically, staff did not comply with their Pain Management policy, last reviewed on March 3, 2025, which indicated that each time a PRN pain medication is given, staff are to complete the Assessment Tool prior to the administration of the PRN pain medication and then again 30 minutes to 1 hour after medication administration.

A resident had a fall and complained of new pain. Staff administered PRN pain medication twice and did not complete an assessment or numeric scale after 30

minutes to an hour after the medication was administered.

Sources: Progress notes, Pain Policy and interview with staff.

**This order must be complied with by** August 5, 2025.

## 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

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.