

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: January 30, 2026

Inspection Number: 2026-1296-0001

Inspection Type:

Proactive Compliance Inspection

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 dates: January 21, 22, 23, 28, 29 and 30, 2026, and offsite on January 26 and 27, 2026.

The following intake was inspected, #00167771 - Proactive Compliance Inspection - Victoria Gardens Long Term Care.

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Medication Management
- Residents' and Family Councils
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Quality Improvement
- Staffing, Training and Care Standards

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Residents' Rights and Choices
Pain Management

INSPECTION RESULTS

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. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

On January 21, 2026, a washroom door in a non-residential area was not locked. Staff confirmed the door was to remain locked at all times and immediately closed and locked the door.

Sources: Observations and interview with staff.

Date Remedy Implemented: January 21, 2026

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WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

A resident did not receive care as set out in their plan of care when they were served a specific beverage and dessert during their meal, despite contrary interventions in their care plan.

Sources: Plan of care for a resident, observations of a meal and interviews 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 (2) (b) (iv)

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,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

A resident had an area of altered skin integrity that was not reassessed at least weekly by a member of the registered nursing staff.

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

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WRITTEN NOTIFICATION: Continuous quality improvement initiative report

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

Non-compliance with: O. Reg. 246/22, s. 168 (2) 6. ii.

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

6. A written record of,

ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,

The 2025 Annual Continuous Quality Improvement Report did not include a written record of the dates actions were implemented and the outcomes of the actions for the 2024-2025 fiscal year, related to the home's identified priority areas for quality improvement.

Sources: Review of the 2024 and 2025 Annual Continuous Quality Improvement Reports and interview with staff.