

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:** May 13, 2026

**Inspection Number:** 2026-1411-0004

**Inspection Type:**  
Proactive Compliance Inspection

**Licensee:** St. Peter's Care Centres

**Long Term Care Home and City:** St. Peter's Residence at Chedoke, Hamilton

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 5 to 8, 11, 13 on-site and off-site on May 12, 2026.

The following intake(s) were inspected:

-Intake #00177227 - Proactive Compliance Inspection

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

Pain Management  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Residents' Bill of Rights

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

**Non-compliance with: FLTCA, 2021, s. 3 (1) 2.**

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

2. Every resident has the right to have their lifestyle and choices respected.

A resident made a request to staff that should have been implemented. The resident's

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right to make choices was not respected.

Sources: Interview with Personal Support Workers (PSW) and resident's care plan.

### **WRITTEN NOTIFICATION: Bed rails**

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

#### **Non-compliance with: O. Reg. 246/22, s. 18 (1) (a)**

Bed rails

s. 18 (1) Every licensee of a long-term care home shall ensure that where bed rails are used,

(a) the resident is assessed and the resident's bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;

After a review of documentation, it was identified that there was no evaluation of a resident's bed system where bed rails were in use.

Sources: Observation; resident progress notes and assessments, physical chart; interview with the Director of Care.

### **WRITTEN NOTIFICATION: Communication and response system**

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

#### **Non-compliance with: O. Reg. 246/22, s. 20 (a)**

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

The call bell was observed on floor and was not accessible to a resident who wished to ring staff for help. It was identified the clip to keep the call bell in place was broken and staff shared it had been in disrepair. The communication and response system was not easy to see or access for the resident.

Sources: Observations and interviews with PSW staff.

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## WRITTEN NOTIFICATION: Required programs

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

**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 home's pain program policy indicated that registered nursing staff were to complete a pain assessment when notified by staff that a resident was experiencing pain. This was not done for a resident on two identified dates.

Sources: Resident's records, interviews with staff and the Pain Management - Required Program (LTC), reviewed November 3, 2023.

## WRITTEN NOTIFICATION: Palliative care

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 61 (2)**

Palliative care

s. 61 (2) The licensee shall ensure that the interdisciplinary assessment of the resident's palliative care needs for their plan of care considers the resident's physical, emotional, psychological, social, cultural, and spiritual needs.

Upon review of the records and during an interview with the resident it was identified that an interdisciplinary assessment of the resident's palliative care needs including the resident's physical, emotional, psychological, social, cultural, and spiritual needs was not done.

Sources: Resident progress notes and assessments, and interview with the resident and DOC.

## WRITTEN NOTIFICATION: Administration of drugs

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NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 140 (2)**

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

On two identified dates a resident's as needed medications were not administered to the resident in accordance with the directions for use specified by the prescriber.

Sources: Progress notes, Medication Administration Records, interview with the resident and PSW.