

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 28, 2025

Inspection Number: 2025-1612-0003

Inspection Type:

Complaint
Critical Incident

Licensee: The Regional Municipality of Niagara

Long Term Care Home and City: The Woodlands of Sunset, Welland

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 20, 22-23, and 26-28, 2025.

The following intake(s) were inspected:

- Intake: #00140187 - Critical Incident (CI): M617-000005-25 - Prevention of abuse and neglect.
- Intake: #00145794 - Complaint with concerns regarding resident abuse.
- Intake: #00146965 - CI: M617-000009-25 - Infection prevention and control.
- Intake: #00147360 - CI: M617-000010-25 - Infection prevention and control.

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

Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Reporting and Complaints

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Complaints procedure - licensee

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

Non-compliance with: FLTCA, 2021, s. 26 (1) (a)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(a) ensure that there are written procedures that comply with the regulations for initiating complaints to the licensee and for how the licensee deals with complaints;

The licensee has failed to ensure that their written procedures complied with the regulations for initiating complaints to the licensee and for how the licensee dealt with complaints. Specifically, Ontario Regulation (O. Reg.), 246/22, s. 108 (1) stated every licensee shall ensure that every written or verbal complaint made to the licensee concerning the care of a resident or operation of the home is dealt with as outlined in the Regulation.

The home's policy titled Complaints Process outlined that verbal and written complaints resolved within 24 hours did not need to be reported to the Director. This did not align with s. 108 (1) of O. Reg., 246/22.

Sources: Interview with the Director of Resident Care (DRC), the home's policy titled Complaints Process.

WRITTEN NOTIFICATION: Duty to protect

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

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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.

A) The licensee has failed to ensure that a resident was protected from abuse by another resident.

O. Reg., 246/22 defines "physical abuse" as the use of physical force by anyone other than a resident that causes physical injury or pain.

On a specified date in February 2025, a resident hit another resident in the head that resulted in a physical injury which required treatment and monitoring.

Sources: Resident's progress notes; Interview with Registered Nurse (RN).

B) The licensee has failed to ensure that a resident was protected from emotional abuse by a Registered Staff.

O. Reg. 246/22 defines "emotional abuse" as any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident.

The resident expressed feeling sad and alone when in April 2025 they were made to sit alone during meals instead of with co-residents that the resident considered their friends.

Sources: Resident's progress notes, interviews with Personal Support Workers (PSWs).

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WRITTEN NOTIFICATION: Complaints procedure - licensee

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

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The licensee has failed to ensure that any written complaint the home received regarding the care of a resident was submitted to the Director immediately when a written complaint received in July 2024 was not submitted to the Director.

Sources: Written complaint dated July 2024; Interview with DRC.

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 (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).

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

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In accordance with Additional requirement 9.1 (f) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that a PSW wore a gown while providing care to a resident under contact precautions.

Sources: Observations, IPAC Standard for Long-Term Care Homes, April 2022 revised September 2023, interview with PSW, resident's care plan.

WRITTEN NOTIFICATION: Dealing with complaints

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

Non-compliance with: O. Reg. 246/22, s. 108 (2)

Dealing with complaints

s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,

- (a) the nature of each verbal or written complaint;
- (b) the date the complaint was received;
- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
- (d) the final resolution, if any;
- (e) every date on which any response was provided to the complainant and a description of the response; and
- (f) any response made in turn by the complainant.

The licensee has failed to ensure that a documented record was kept in the home related to a written complaint regarding the care of a resident. There was no record that included the nature of the written complaint, the date it was received, the type of action taken to resolve the complaint, the final resolution, if any, every date of which any response was provided to the complainant and a description of the

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response, and any response made in turn by the complainant.

Sources: Written complaint dated July 2024, the home's policy titled Complaint Process; Interview with DRC.