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

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Public Report

Report Issue Date: July 3, 2025

Inspection Number: 2025-1612-0004

Inspection Type:
Proactive Compliance Inspection

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): June 19-20, 23-27, 30, July 2-3, 2025.

The following intake(s) were inspected:
-Intake: #00150004 - Proactive Compliance Inspection (PCI) for The Woodlands of Sunset.

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

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

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.

The licensee failed to ensure that two doors in the home that led to non-residential areas were kept closed and locked when they were not being supervised by staff.

On the same date, both doors were remedied to ensure they were closed and locked.

Sources: Observation of the door and observation and interview with the Administrator.

Date Remedy Implemented: June 19, 2025.

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 97
Hazardous substances
s. 97. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times.

The licensee failed to ensure that a hazardous substance at the home was kept inaccessible to residents at all times.

The Administrator acknowledged the product was a hazardous substance and removed it to a secure area.

Sources: observation of the identified product and an interview with the Administrator.

Date Remedy Implemented: June 19, 2025.

WRITTEN NOTIFICATION: Reporting certain matters to the Director

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee failed to ensure that an allegation of physical abuse toward a resident was reported to the Director.

The resident verbalized an allegation of physical abuse they believed had occurred to them.

An interview with the Administrator and Director of Resident Care (DRC) indicated there had been an allegation of physical abuse towards the resident that was founded to not have occurred. The DRC acknowledged the allegation was not reported to the Director.

Sources: No Critical Incident System and interviews with the resident, DRC and others.

WRITTEN NOTIFICATION: General requirements

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 34 (2)
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.

The licensee failed to ensure that a skin and wound assessment was documented for a resident's wound.

The resident's weekly skin and wound assessments showed that an assessment

was not documented on an identified date. A Registered Practical Nurse (RPN) stated the assessment was completed, but due to an error with the electronic documentation system, the assessment was unable to be saved. The Clinical Documentation Informatics (CDI) Coordinator stated if the system was not working, staff were required to document their assessment in a progress note. A review of the resident's progress notes did not contain documentation of the assessment for this date.

Sources: a resident's plan of care; interviews with RPN #113 and the CDI Coordinator.

WRITTEN NOTIFICATION: Skin and wound care

NC #005 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;

The licensee failed to ensure that reassessments were completed at least weekly for a resident's altered skin integrity.

A resident had two areas of altered skin integrity. Assessments were reviewed for a specified time. For the first area, an assessment was identified to have not been completed for one weekly interval and a second time for a two-week period.

For the second area, an assessment was identified to not have been completed for

a two-week period.

Three RPN's confirmed that the reassessments were not documented and that they may have been missed.

Sources: A resident's plan of care; Skin and Wound Program Part 3: Skin and Wound Documentation Procedures policy; interviews with RPN #112, RPN #113, and RPN #115.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 74 (1) (a)
Nutritional care and hydration programs
s. 74 (1) This section and sections 75 to 84 apply to,
(a) the organized program of nutritional care and dietary services required under clause 15 (1) (a) of the Act; and

The licensee failed to ensure that food temperatures were recorded for required food items.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that the nutritional care and hydration program is complied with. Specifically, staff did not comply with the Food Temperature Recording policy when they did not record temperatures for all hot and cold food.

A review of the Food Temperature and Leftover Log binder for an identified resident home area, showed missing temperatures for breakfast on one date and for lunch on two dates. The Dietary Manager and Dietary Aide acknowledged food

temperatures were not recorded on these dates.

Sources: Food Temperature and Leftover Logs; Meal Service Assignments policy dated October 2024; Food Temperature Recording policy; interviews with Dietary Aide #105 and Dietary Manager #107.

WRITTEN NOTIFICATION: Administration of drugs

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 140 (3) (b) (ii)
Administration of drugs
s. 140 (3) Subject to subsections (4) and (6), the licensee shall ensure that no person administers a drug to a resident in the home unless,
(b) where the administration does not involve the performance of a controlled act under subsection 27 (2) of the Regulated Health Professions Act, 1991, the person is,
(ii) a personal support worker who has received training in the administration of drugs in accordance with written policies and protocols developed under subsection 123 (2), who, in the reasonable opinion of the licensee, has the appropriate skills, knowledge and experience to administer drugs in a long-term care home, who has been assigned to perform the administration by a member of the registered nursing staff of the long-term care home and is under the supervision of that member in accordance with any practice standards and guidelines issued by the College of Nurses of Ontario, and who,
(A) meets the requirements set out in subsection 52 (1) or who is described in subsection 52 (2), or
(B) is an internationally trained nurse who is working as a personal support worker.
O. Reg. 66/23, s. 28 (1). Or

The licensee has failed to ensure that Personal Support Workers (PSW)'s did not administer a drug to a resident in the home unless they received training in the

administration of drugs, in accordance with written policies and protocols developed under their Medication Management System.

A resident was prescribed a medicated topical treatment to be applied twice daily. A review of their electronic Treatment Administration Record (eTAR) over a three-week period, indicated multiple occasions in which a code of 11, indicating PSW administered, was documented for administration of this drug.

An interview with the Associate Director of Resident Care (ADRC) confirmed that PSW staff were not permitted to administer this drug as they had not yet received training in the administration of drugs.

Sources: a resident's eTAR; Application of Topical treatments by PSW policy, and an interview with the ADRC.