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
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Public Report

Report Issue Date: November 3, 2025
Inspection Number: 2025-1612-0006
Inspection Type: 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): October 28-31, 2025, and November 3, 2025

The following intake(s) were inspected:
- Intake: #00158210 / Critical Incident (CI) #M617-000017-25 - related to fall prevention and management.
- Intake: #00159425 / CI #M617-000018-25 - related to resident abuse and neglect.
- Intake: #00160136 / CI #M617-000020-25 - related to infection prevention and control.

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

Continence Care
Medication Management
Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Infection prevention and control program

NC #001 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).

A) 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.

An additional precaution sign outside the resident's room door instructed staff to perform hand hygiene and wear specific Personal Protective Equipment (PPE) before entry. On a specified date, a Personal Support Worker (PSW) did not perform hand hygiene before donning PPE and was observed wearing PPE in an incorrect sequence before entering the resident's room.

Sources: Observations, and IPAC Standard for Long-Term Care Homes, April 2022 (revised - September 2023).

B) 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 the PSW performed hand hygiene and donned the required PPE before providing care to the resident on additional precautions.

Sources: Observations, and IPAC Standard for Long-Term Care Homes, April 2022 (revised - September 2023).

WRITTEN NOTIFICATION: Medication management system

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)
Medication management system
s. 123 (3) The written policies and protocols must be,
(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The licensee failed to comply with the written policies and protocols developed for the medication management system for the resident when a registered staff member did not

follow the safe medication administration policy for a resident on two specified occasions.

Sources: The home's medication administration policy, staff discipline letter, and an interview with the Director of Care (DOC).