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
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Public Report

Report Issue Date: March 4, 2026
Inspection Number: 2026-1612-0002
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 dates: February 19, 20, 23, 25, 26, 2026 and March 2, 2026. The inspection occurred offsite on the following dates: February 24, 2026 and March 3, 2026.

The following intakes were inspected: Intake: #00170602 - Customized PCI.

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

Food, Nutrition and Hydration
Medication Management
Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Dietary services and hydration

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 15 (1) (a)
Dietary services and hydration
s. 15 (1) Every licensee of a long-term care home shall ensure that there is,
(a) an organized program of nutritional care and dietary services for the home to meet the daily nutrition needs of the residents; and

1) In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to ensure that written policies developed for the Nutritional Care and Dietary Services program were complied with. Specifically, the home's dehydration assessment policy indicated that if a resident's daily fluid intake fell below a specified level for a specified time period, and this level of intake was not within the parameters in their documented care plan, specific interventions would be initiated.

A resident's fluid intake was noted to be less than the specified threshold for the specified time period on two separate occasions. On both occasions, this level of fluid intake was not within the parameters in their documented care plan, and the required interventions were not implemented.

Sources: Dehydration assessment policy, resident's plan of care, lookback reports and assessments.

2) In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to ensure that written policies developed for the Nutritional Care and Dietary Services program were complied with. Specifically, the home's weight monitoring policy indicated that residents are to be weighed by Personal Support Workers (PSWs) within a specified time period each month. If the weight obtained indicates that a specified percentage of total body weight has been lost, then a reweigh needs to be completed within a specified time frame. If the reweigh confirms that the specified percentage of total body weight has been lost, a referral is to be sent to the Registered Dietitian (RD).

A resident's monthly weight indicated the need for a reweigh as per the home's weight monitoring policy. This reweigh was not completed within the timeframe specified in the policy. Further, where the reweigh confirmed a referral to the RD was required, the referral was not completed.

Sources: Resident's weight records, RD assessments and referrals, the home's weight monitoring policy and interview with the home's Registered Dietitian.

WRITTEN NOTIFICATION: Compliance with manufacturers' instructions

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 26

Compliance with manufacturers' instructions
s. 26. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.

A resident had an order for a ready-to-use liquid nutrition supplement. The manufacturer's guidelines specified that once the formula package is opened it should be used right away or covered and stored in the refrigerator and used within 24 hours.

On a specified date, the formula package was opened and left at room temperature for 4.5 hours prior to being administered.

Sources: Resident's orders, observations, Nestle Health Sciences Product Guide (2026) and Nestle Health Sciences Guide to Home Tube Feeding.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 74 (2) (c)
Nutritional care and hydration programs
s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,
(c) the implementation of interventions to mitigate and manage those risks;

1) A resident's plan of care included two interventions to mitigate the risks of poor caloric intake. These were not provided on a specified date.

Sources: Resident's plan of care, observations of resident and interview with staff.

2) A resident's plan of care specified that they were to receive two interventions to mitigate the risks of dysphagia. These were not provided on a specified date.

Sources: Resident's plan of care, observations of resident, and interviews with staff.

WRITTEN NOTIFICATION: Dining and snack service

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 79 (1) 7.
Dining and snack service
s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
7. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.

On a specified date, a resident who required course by course service of meals was provided with their entree prior to their appetizer course being finished.

Sources: Observations of resident, resident plan of care and interview with Registered Dietitian.

WRITTEN NOTIFICATION: Dining and snack service

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 79 (2) (b)
Dining and snack service
s. 79 (2) The licensee shall ensure that,
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident.

A resident required extensive assistance at meal times. On a specified date, the resident was served their meal prior to someone being available to provide them with the assistance they required.

Sources: Resident's care plan, observations of resident and interviews with staff.

WRITTEN NOTIFICATION: Medication management system

NC #006 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 home's written policies and protocols developed for the medication management system, specifically the medication administration policy, directed staff to ensure the electronic Medication Administration Record (eMAR) screen was locked where required. The policy was not implemented on a specified date when the eMAR screen was not locked where required.

Sources: Observations, the home's medication administration policy, and interview with staff.