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: July 9, 2025

Inspection Number: 2025-1414-0005

Inspection Type:
Complaint
Critical Incident

Licensee: Kindera Living Care Centres GP Inc.

Long Term Care Home and City: Arbour Creek Long-Term Care Centre, Hamilton

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 24-25 and July 2-4, 7-9, 2025.

The following intake(s) were inspected:

- Intake: #00147616 was related to skin and wound prevention and management, food, nutrition and hydration, infection prevention and control, bowel management, falls prevention and management.
- Intake: #00147449 was related to food, nutrition and hydration and medication management.

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

Skin and Wound Prevention and Management
Medication Management
Food, Nutrition and Hydration
Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care - Based on assessment of resident

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (2)
Plan of care
s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

The licensee has failed to ensure that the care set out in the plan of care for a resident was based on an assessment of the resident.

A resident was not provided a specified support as per an identified assessment during specified intervention.

The resident's written plan of care did not include any directions on the specified support based on the identified assessment, which was acknowledged by the Executive Director (ED) of the long-term care home.

Sources: Identified assessment, the resident's written plan of care; interview with the ED.

WRITTEN NOTIFICATION: General Requirements for Programs

NC #002 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 any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's response to interventions were documented.

Specifically, the licensee failed to document that a resident was provided identified assistance in bed at a specified period of time.

The task for the identified assistance was created on a day in March 2025 as per the care plan, however it was not documented until a day in April 2025.

Sources: Physiotherapist's assessment, a resident's clinical records, Quality Management - Skin and Wound policy; interview with staff.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #003 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 standard issued by the Director with respect to Infection Prevention and Control (IPAC), was implemented.
According to O. Reg. 246/22, s. 102 (2) (b), the licensee was required to implement (b) any standard issued by the Director with respect to infection prevention and control.
The IPAC Standard for Long-Term Care Homes (LTCHs), dated April 2022, section 3. Surveillance indicated that the licensee had to ensure that on every shift, the symptoms were recorded and that immediate action was taken to reduce transmission and isolate residents and place them in cohorts as required.

A resident's specified infection was not recorded during an identified period of time on a number of days in March 2025, which was acknowledged by the Director of Care (DOC).

Sources: Progress notes, Syndromic Surveillance Tool; interview with the DOC.