

**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 11, 2026

**Inspection Number:** 2026-1414-0001

**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 dates: February 20, 23-27, 2026, and March 2-5, and 9-11, 2026.

The following critical incident intakes were inspected:

- Intake #00165273 related to infection prevention and control
- Intake #00166728 related to infection prevention and control
- Intake #00166913 related to continence care
- Intake #00166846 related to prevention of abuse and neglect and skin and wound care
- Intake #00164157 related to prevention of abuse and neglect
- Intake #00167565 related to prevention of abuse and neglect
- Intake #00169477 related to prevention of abuse and neglect

The following complaint intakes were inspected:

- Intake #00167135 related to prevention of abuse and neglect and skin and wound care

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

- Resident Care and Support Services
- Continence Care
- Skin and Wound Prevention and Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of care

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

**Non-compliance with: FLTCA, 2021, s. 6 (1) (c)**

Plan of care

- s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
- (c) clear directions to staff and others who provide direct care to the resident; and

A resident's written plan of care did not set out clear directions related to application of a device. Specifically, the care plan did not specify the indications for the use of the device.

**Sources:** The resident's clinical record, and interviews with staff.

### WRITTEN NOTIFICATION: Infection prevention and control program

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

**Non-compliance with: FLTCA, 2021, s. 23 (1)**

Infection prevention and control program

s. 23 (1) Every licensee of a long-term care home shall ensure that there is an infection prevention and control program for the home.

In accordance with Ontario Regulation (O. Reg.) 246/22, s. 11 (1) (b), the licensee was required to ensure written policies developed for the infection prevention and control (IPAC) program were complied with. Specifically, an infection policy required staff to conduct monitoring every shift when a resident demonstrated signs of infection. On multiple shifts during a two and a half week time period, a resident's wound exhibited signs of infection and monitoring was not documented.

**Sources:** The resident's clinical record, an infection prevention and control policy, and interviews with staff.

## **WRITTEN NOTIFICATION: Duty to Protect**

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

**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.

Under section 2 in the Ontario Regulation (O. Reg) 246/22, emotional abuse is defined as "any threatening or intimidating gestures, actions or behaviour or remarks by a resident that causes alarm or fear to another resident where the resident performing the gestures, actions or behaviours understands and appreciates their consequences". On one occasion, a resident touched another resident which led to

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a negative emotional impact to the resident who was touched.

**Sources:** Progress notes, the critical incident report, and interviews with the resident's and staff.

### **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.

On two occasions, staff did not document completion of scheduled or as needed wound care for a resident.

**Sources:** The resident's clinical record, and interviews with staff.

### **WRITTEN NOTIFICATION: Food Production**

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

**Non-compliance with: O. Reg. 246/22, s. 78 (3) (b)**

Food production

s. 78 (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,

(b) prevent adulteration, contamination and food borne illness. O. Reg. 246/22, s. 78 (3).

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Staff were observed going behind the servery without a hairnet when lunch was being served.

In accordance with O.Reg 246/22 s. 11 (1) (b), the licensee is required to ensure the written policies developed for the dining policy are complied with.

Specifically, staff did not comply with the Personal Appearance policy that indicated hair and facial hair must be completely covered with sani-caps or hairnets at all times when working in the kitchen.

**Sources:** Observation, the personal appearance policy, and interview with staff.

A staff was observed behind the servery making a resident's sandwich without wearing gloves and without washing their hands before or after handling the food.

In accordance with O.Reg 246/22 s. 11 (1) (b), the licensee is required to ensure the written policies developed for the dining policy are complied with.

Specifically, staff did not comply with the Use of Gloves policy that indicated all employees will handle all foods safely by using utensils such as gloves and tongs to prevent food-borne illness and plastic gloves are to be worn whenever handling the food directly with hands when handling ready to eat foods.

**Sources:** Observation, Use of Gloves policy, and interview with staff.

**WRITTEN NOTIFICATION: Infection Prevention and Control  
Program**

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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**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).

Under section 10.4 of the IPAC standard, titled Hand Hygiene Program, it indicated 'support for residents to perform hand hygiene prior to receiving meals and snacks.' On one occasion, three residents were observed not to be provided hand hygiene prior to a meal service.

**Sources:** Observations, the IPAC Standard April 2022, and interview with staff.

Under section 6 of the IPAC Standard titled Personal Protective Equipment including 6.1 Additional Requirement under the Standard indicated the licensee shall ensure adequate access to Personal Protective Equipment (PPE) for Routine Practices and Additional Precautions. On one occasion, there was observed to be no gowns, gloves or masks in the PPE cart outside a residents room on contact precautions.

**Sources:** Observations and interview with staff.

**WRITTEN NOTIFICATION: Resident records**

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 274 (b)**

Resident records

s. 274. Every licensee of a long-term care home shall ensure that,

(b) the resident's written record is kept up to date at all times.

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A resident's written record was not kept up to date when staff entered documentation related to infection monitoring for a suspected wound infection more than a month after the monitoring would have occurred.

**Sources:** The resident's clinical record, a critical incident report, the home's documentation policy, College of Nurses of Ontario Documentation Practice Standard, email records with the home's management, and interviews with staff.

**COMPLIANCE ORDER CO #001 Required programs**

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 53 (1) 2.**

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure injuries, and provide effective skin and wound care interventions.

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

1. Train all registered nursing staff who work on a specific home unit on signs and symptoms of a deteriorating wound, and the expectation of who to notify and action to take when a resident's wound is deteriorating as per the home's skin impairment assessment policy.
2. Maintain a written record including, but not limited to: education provided, names and roles of staff who were trained, the date training was completed, and who provided the training.

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**Grounds**

The licensee was to ensure written policies developed for the skin and wound care program were complied with. Specifically, the home's skin impairment assessment policy directed nursing staff to report signs of wound deterioration to the wound care lead, physician, resident and/or substitute decision-maker (SDM).

On a specified date, a staff member conducted a weekly skin assessment on a resident's wound and identified new signs of wound deterioration and a possible infection. This assessment finding was not reported to the required individuals in accordance with the home's policy. Three days later, the resident was transferred to the hospital and later passed away with the wound listed as a significant condition contributing to their death.

When the required individuals were not informed, the interdisciplinary team were not prompted to review the status of the resident and their medical condition with relevant staff and the resident/SDM, which may have led to a delay in treatment, care or services provided to the resident.

**Sources:** The resident's clinical record, the resident's death certificate, hospital records, the home's skin and wound policy, and interviews with staff.

**This order must be complied with by** March 31, 2026

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## REVIEW/APPEAL INFORMATION

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3

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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).