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: June 13, 2025
Inspection Number: 2025-1434-0004
Inspection Type: Proactive Compliance Inspection
Licensee: United Mennonite Home for the Aged
Long Term Care Home and City: United Mennonite Home, Vineland

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 3-6, 9-13, 2025

The following intake(s) were inspected:

- Intake: #00148684 related to a Proactive Compliance Inspection (PCI) at United Mennonite Home

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

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

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: FLTCA, 2021, s. 6 (1) (a)
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,
(a) the planned care for the resident;

The licensee has failed to ensure that there was a written plan of care for a resident that set out the planned care for the resident. On a specified date, Inspector observed a staff mix pills with apple sauce before administering them to the resident. The staff indicated that the resident had trouble swallowing and had requested that their pills be mixed with apple sauce; however, this intervention was not included in the resident's plan of care. The staff updated the plan of care the same date to include the planned care for administration of drugs with apple sauce.

Sources: Observation of medication administration , resident's clinical record, interview with staff.

Date Remedy Implemented: A specified date

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: FLTCA, 2021, s. 6 (10) (b)
Plan of care
s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that resident's plan of care was reviewed and revised when the resident's care needs changed or the care set out in the plan was no longer necessary.

Two staff members acknowledged that the resident's plan of care indicated the resident required two staff assistance for two identified tasks though the resident's clinical record reflected numerous instances when care was provided by only one staff.

Resident's plan of care was updated to reflect the resident required assistance from one to two staff for the identified tasks.

Sources: Resident's clinical record and interviews with staff.

Date Remedy Implemented: A specified date

WRITTEN NOTIFICATION: Plan of care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

A. The licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in their plan related to nutrition care. The plan of care indicated that the resident required a specified assistive equipment for beverages. However, during a dining observation, Inspector noticed the resident drinking from a different assistive equipment.

Sources: Observation, resident's clinical record, interview with staff.

B. The licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in the plan.

Due to the resident's medical history, the resident required two staff assistance for an identified task. During a specific timeframe, five out of eight of these tasks were provided to the resident with assistance from one staff.

Sources: Resident's clinical record and interview with staff.

WRITTEN NOTIFICATION: Air temperature

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (3)
Air temperature
s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee has failed to ensure that the temperature was measured at least once every morning, once every afternoon and once every evening or night.

Director of Care (DOC) acknowledged that the most recent date the temperature was measured and logged in the home was approximately 14 months prior.

Sources: Interview with DOC.

WRITTEN NOTIFICATION: General requirements

NC #005 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 has failed to ensure that any actions taken with respect to a resident under a specified program, including assessments, reassessments, interventions and the resident's responses to interventions were documented. There was no documentation of the resident's weekly skin assessment completed on an identified date as required, even though their Treatment Administration record (TAR) was signed as being done.

Sources: Resident's clinical record, interview with staff.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #006 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 Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

A. In accordance with Additional Requirement 9.1 (d) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee shall ensure that at minimum Routine Practices include proper use of Personal Protective Equipment (PPE), including appropriate selection, application, removal, and disposal. This did not occur for a resident when two staff members were observed providing direct care to the resident on droplet contact precautions without wearing the required personal protective equipment (PPE).

B. In accordance with Additional Requirement 9.1 (b) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee shall ensure that at minimum Routine Practices shall include Hand hygiene, including, but not limited to, at the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact). This did not happen when two staff members were observed entering and exiting a resident's room without performing hand hygiene.

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

WRITTEN NOTIFICATION: Safe storage of drugs

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 138 (1) (b)
Safe storage of drugs
s. 138 (1) Every licensee of a long-term care home shall ensure that,
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked

medication cart.

The licensee has failed to ensure that a controlled substance for a resident was stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart when staff kept the resident's controlled substance in the top drawer of the locked medication cart.

Sources: Observation, resident's clinical record, interview with staff.

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (3)
Continuous quality improvement initiative report
s. 168 (3) The licensee shall ensure that a copy of the report is provided to the Residents' Council and Family Council, if any.

The licensee has failed to ensure that a copy of their continuous quality improvement report was provided to the resident's council. This was verified through an interview with the programs manager and a review of the resident's council meeting minutes.

Sources: Resident 's council meeting minutes, interview with program manager.

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