

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: May 15, 2025

Inspection Number: 2025-1432-0002

Inspection Type:

Complaint
Critical Incident
Follow up

Licensee: 955464 Ontario Limited

Long Term Care Home and City: Millennium Trail Manor, Niagara Falls

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 2, 5 to 9, 13 and 14, 2025.

The following intake(s) were inspected:

- Intake: #00136596 - Follow-up #1 related to prevention of abuse and neglect - Compliance Due Date (CDD): April 4, 2025.
- Intake: #00136597 - Follow-up #1 related to staff records - CDD: April 4, 2025.
- Intake: #00136598 - Follow-up #1 related to infection prevention and control - CDD: April 4, 2025.
- Intake: #00136922 - Critical Incident (CI) #2948-000003-25 related to infection prevention and control.
- Intake: #00142983 - CI #2948-000012-25 related to infection prevention and control.
- Intake: #00136950 - CI #2948-000002-25 related to improper/incompetent treatment or care of a resident.
- Intake: #00142219 - Complaint related to resident care and services.

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Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2024-1432-0008 related to O. Reg. 246/22, s. 102 (12) 5.

Order #002 from Inspection #2024-1432-0008 related to FLTCA, 2021, s. 24 (1).

Order #003 from Inspection #2024-1432-0008 related to O. Reg. 246/22, s. 278 (1) 3.

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

- Resident Care and Support Services
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards

INSPECTION RESULTS

WRITTEN NOTIFICATION: Compliance with manufacturers' instructions

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

Non-compliance with: O. Reg. 246/22, s. 26

Compliance with manufacturers' instructions

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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.

The licensee has failed to ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.

The manufacturer's instruction required the positioning aid to be washed using normal detergent, chemically decontaminated and dried when they were soiled. When the resident remained in a positioning aid that had not been properly cleaned and disinfected, there was risk to the resident of contamination and infection.

Sources: Interview with complainant and staff; home's policy titled Mechanical Lifts Roles and Responsibilities, last reviewed: November 2023, ARJO Slings User Guide.

WRITTEN NOTIFICATION: Availability of supplies

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

Non-compliance with: O. Reg. 246/22, s. 48

Availability of supplies

s. 48. Every licensee of a long-term care home shall ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents.

The licensee has failed to ensure that supplies, equipment and devices were readily available at the home to meet the personal care needs of a resident. A resident was observed on separate dates, utilizing a positioning aid that did not meet their personal care needs. Staff stated that the resident should not have used the positioning aid. Staff confirmed the home did not have the appropriate positioning

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aid for the resident.

Sources: Observations of the resident; Interviews with staff; homes Policy titled Mechanical Lifts Educational Components, last reviewed November 2023.

**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 "Infection Prevention and Control Standard for Long-Term Care Homes, September 2023" (IPAC Standard) was implemented.

A. The IPAC Standard under section 10.4 (h) stated that the licensee shall ensure that the hand hygiene program also includes support for residents to perform hand hygiene prior to receiving meals and snacks.

During an observation of the lunch meal service on an identified date in a Resident Home Area, residents were not observed to be offered or assisted with hand hygiene by staff before serving the meal. A resident stated residents were not offered or assisted with hand hygiene prior to the lunch meal service that day. Three additional residents were observed entering the dining area, and they were also not offered or assisted with hand hygiene.

Sources: Observations; Interview with resident and staff; home's procedure Infection

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Prevention - Resident Hand Hygiene Procedure.

B. The IPAC Standard under section 4.3 stated that following the resolution of an outbreak, a summary of findings was to be created that made recommendations to the licensee for improvements to outbreak management practices

Specifically, a summary of findings was not created after a gastrointestinal outbreak concluded in February 2025 and a respiratory outbreak concluded in April 2025.

Sources: Interview with staff.

C. The IPAC Standard under section 9.1 Additional Precautions, section (e) stated that the licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program, which includes point-of-care signage indicating that enhanced IPAC control measures are in place.

Signage indicating enhanced IPAC measures were in place for a resident on Additional Precautions was not posted at the entrance to the resident's room or bed space. Staff confirmed the signage was not posted.

Sources: Observations; Provincial Infectious Diseases Advisory Committee (PIDAC) Routine Practices and Additional Precautions in All Health Care Settings 3rd. edition November 2012; Interview with staff.