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: April 9, 2025

Inspection Number: 2025-1432-0001

Inspection Type:
Complaint
Critical Incident

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): March 27 - 28, 31, 2025 and April 1 -4, 7 - 9, 2025

The following intake(s) were inspected:

- Intake: #00133298 - CI# [2948-000050-24] - related to Prevention of Abuse and Neglect Program.
- Intake: #00133614 - CI# [2948-000053-24] - related to Prevention of Abuse and Neglect Program.
- Intake: #00134049 - Complainant - related to Resident Care and Services Program.
- Intake: #00135096 - CI# [2948-000057-24] - related to Falls Prevention and Management Program.
- Intake: #00135528 - CI# [2948-000060-24] - related to Resident Care and Services Program.

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

Resident Care and Support Services
Medication Management

Infection Prevention and Control
Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty of Licensee to Comply With Plan

NC #001 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.

The licensee failed to ensure care was provided to a resident as set out in their plan of care.

Sources: Resident clinical record, **long-term care home (LTCH) internal investigation records, critical incident system (CIS) interview with the Director of Care (DOC).**

WRITTEN NOTIFICATION: When Reassessment, Revision is Required

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
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 failed to ensure that when a resident's needs changed related to a treatment, they were reassessed and their plan of care reviewed and revised.

Sources: Resident's clinical record, interviews with the DOC, Consultant Pharmacist, clinical staff, and resident.

WRITTEN NOTIFICATION: Policy to Promote Zero Tolerance

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 25 (1)
Policy to promote zero tolerance
s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee failed to ensure that their written policy to promote zero tolerance of abuse and neglect of residents was complied with, specifically related to responding to alleged physical abuse.

Sources: Resident's clinical record, CIS, policy "Zero Tolerance of Resident Abuse and Neglect: Response and Reporting" (reviewed February 2024), interview with Assistant Director of Care.

WRITTEN NOTIFICATION: Transfer and positioning techniques

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 40
Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee failed to ensure that staff used safe transferring devices when transferring a resident as per their care plan.

Sources: Resident's clinical records; and Home’s internal investigation notes, interview with staff, CIS.

WRITTEN NOTIFICATION: Required Programs

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
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 home failed to ensure the skin and wound care program was followed for a resident.

In accordance with Ontario Regulation (O. Reg.) 246/22 s. 11 (1) (b), the licensee was required to ensure the home had in place a skin and wound care program to provide effective skin and wound care, and that it was complied with. Specifically, staff did not comply with the Wound Care Management policy.

Sources: Resident's clinical record, policy "Wound Care Management" (October

2023), interview with Assistant Director of Care (ADOC).

WRITTEN NOTIFICATION: Skin and Wound Care

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee failed to ensure when a resident exhibited altered skin integrity, they were assessed at least weekly when clinically indicated.

Sources: Resident's clinical record, interview with ADOC and resident.

WRITTEN NOTIFICATION: Medication Management System

NC #007 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; and

The licensee failed to implement their delegation of the treatment tasks policy, where nursing staff were to add a task to a resident's plan of care. The resident's plan of care did not set out a task to record the application of the treatment.

Sources: Observations of resident's room, resident clinical record, policy "Transfer of Function/ Delegation of Tasks - Topical Creams" (reviewed March 2023), interview with staff.

WRITTEN NOTIFICATION: Safe Storage of Drugs

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)
Safe storage of drugs
s. 138 (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(ii) that is secure and locked,

The licensee failed to ensure that a resident's treatment was stored in an area or medication cart that was secured and locked. Further, the treatment did not specify the resident's name or any other resident identifiers on the label.

Sources: Observations of resident's room, resident's clinical record, policy "Transfer of Function/ Delegation of Tasks - Topical Creams" (reviewed March 2023), interview with the Consultant Pharmacist and staff.