Ontario

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Public Report

Report Issue Date: May 6, 2025
Inspection Number: 2025-1618-0003
Inspection Type: Critical Incident Follow up
Licensee: The Regional Municipality of Halton
Long Term Care Home and City: Creek Way Village, Burlington

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 29, 2025, May 1-2 and 5-6, 2025

The following intake(s) were inspected:
- Intake: #00137915 was a follow-up related to compliance order (CO) #001 - (O. Reg.) 246/22, s. 123 (2), with a compliance due date (CDD) of April 4, 2025.
- Intake: #00142114, Critical Incident (CI) #M623-000005-25, was related to Falls Prevention and Management.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2024-1618-0005 related to O. Reg. 246/22, s. 123 (2)

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

Medication Management
Infection Prevention and Control
Falls Prevention and Management

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

The licensee had failed to ensure that the written plan of care for a resident set out clear directions to staff on providing wound care to the resident.

Specifically, a resident had an order indicating that a dressing change was needed for their skin alteration. The order did not include further instructions on the steps to perform the wound care, the type of dressing needed, and the type of cleansing solution, if needed.

Sources: A resident's clinical records and interview with the resident care supervisor and the manager of resident care.

WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #002 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 has failed to ensure that staff used safe transferring and positioning devices and techniques when assisting a resident with a transfer from the floor to their bed, following a fall.

Specifically, two Personal Support Workers (PSW) transferred the resident using their hands to lift the resident off the floor and on to the toilet with the support of the resident's mobility device. Following toileting, the resident could not weight bear, the PSWs then transferred the resident to their bed with the assistance of their mobility device. The resident was then transferred to the hospital due to significant pain and was later diagnosed with an injury, resulting in surgery.

Sources: Investigation notes; The home's Post Fall Follow up, Assessment & Management Procedure (last reviewed April 2025); and interviews with the resident care supervisor and manager of resident care.

WRITTEN NOTIFICATION: Skin and wound care

NC #003 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

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(2.1), if clinically indicated;

The licensee has failed to ensure that a resident, exhibiting altered skin integrity, was reassessed at least weekly by a registered nursing staff.

Specifically, a resident was identified to have two skin alterations, however a weekly skin and wound assessment in Point Click Care (PCC) was not completed following the initial assessments of the skin alterations.

Sources: A resident's clinical records; the home's Skin and Wound Care Policy (last revised August 2024); and interviews with the resident care supervisor and the manager of resident care.