

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 8, 2025

Inspection Number: 2025-1458-0003

Inspection Type:

Complaint
Critical Incident
Follow up

Licensee: St. Joseph's Health System

Long Term Care Home and City: St. Joseph's Villa, Dundas, Dundas

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 22-25, 29-30 and May 1-2, 5-6 and 8, 2025

The following intake(s) were inspected:

- Intake: #00141215 complaint related to nutrition and hydration, continence care and bowel management and personal support services;
- Intake: #00141616 - Follow-up #: 2 to Compliance Order (CO) #001 from inspection 2025_1458_0001 related to windows;
- Intake: #00141617 - Follow-up #: 1 to CO #001 from inspection 2025_1458_0002 related to emergency plans;
- Intake: #00141620 - Follow-up #: 1 to CO #002 from inspection 2025_1458_0002 related to accommodation services;
- Intake: #00141618 - Follow-up #: 1 to CO #003 from inspection 2025_1458_0002 related to duty to protect;
- Intake: #00141619 - Follow-up #: 1 to CO #004 from inspection 2025_1458_0002 related to maintenance services; and
- Intake: #00141997, Critical Incident System (CIS) #2975-000026-25 related to falls prevention and management.

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The following intake was completed in this inspection:

- Intake: #00140937, CIS #2975-000022-25 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 #2025-1458-0001 related to O. Reg. 246/22, s. 19

Order #001 from Inspection #2025-1458-0002 related to FLTCA, 2021, s. 90 (1) (a)

Order #003 from Inspection #2025-1458-0002 related to FLTCA, 2021, s. 24 (1)

Order #004 from Inspection #2025-1458-0002 related to O. Reg. 246/22, s. 96 (1) (b)

Order #002 from Inspection #2025-1458-0002 related to FLTCA, 2021, s. 19 (2) (c)

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

Continence Care

Resident Care and Support Services

Food, Nutrition and Hydration

Housekeeping, Laundry and Maintenance Services

Infection Prevention and Control

Safe and Secure Home

Prevention of Abuse and Neglect

Reporting and Complaints

Falls Prevention and Management

INSPECTION RESULTS

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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 (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 a resident's plan of care was revised when care set out in the plan was no longer necessary. The resident's plan of care had a specific intervention related to meal service. A Resident Care Manager (RCM) and Director of Care (DOC) acknowledged the intervention was no longer required and the resident's plan of care was updated accordingly.

Sources: A resident's clinical record; interview with a RCM and DOC.

Date Remedy Implemented: April 28, 2025

WRITTEN NOTIFICATION: Plan of care

NC #002 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.

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The licensee has failed to ensure that two staff were present at all times during care for a resident, as per their plan of care.

Sources: Resident observations; a resident's clinical record; interview with a Personal Support Worker (PSW).

WRITTEN NOTIFICATION: General requirements

NC #003 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 the personal support services program were documented.

- a) There was no documentation for bathing for a period of nine days.
- b) There was no documentation for nail care for a period of approximately two and a half months.
- c) There was no documentation of the resident's intake for several meals and snacks over a period of approximately two and a half months.

Sources: A resident's clinical record; nursing flow sheets; food and fluid intake form; interview with a Personal Support Worker (PSW), RCM and DOC.

NOTICE OF RE-INSPECTION FEE Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021, the licensee is subject to a re-inspection fee of \$500.00 to be paid within 30 days from the date of the invoice.

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A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

Intake 00141616 Follow-up #: 2 - CO #001 /2025_1458_0001, O. Reg. 246/22 - s. 19 Windows

Licensees must not pay a Re-Inspection Fee from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the Re-Inspection Fee.

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