

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: February 13, 2025

Inspection Number: 2025-1599-0001

Inspection Type:

Proactive Compliance Inspection

Licensee: The Regional Municipality of Niagara

Long Term Care Home and City: Douglas H. Rapelje Lodge, Welland

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: February 4, 5, 7, 10, 11 and 12, 2025.

The inspection occurred offsite on the following date(s): February 6 and 13, 2025.

- The following intake was inspected: Intake: #00138553 - Proactive Compliance Inspection (PCI).

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

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

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Pain 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.

The licensee has failed to ensure that the written plan of care for a resident set out clear directions to staff who provided direct care to the resident. The resident's plan of care directed staff to notify the substitute decision maker prior to the administration of as needed medications. Recent edits did not provide clear directions to staff that notification was required prior to the administration of one specific medication.

Sources: Review of the plan of care and electronic Medication Administration Records for a resident and interview with a Registered Practical Nurse and other staff.

WRITTEN NOTIFICATION: Duty to respond

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

Non-compliance with: FLTCA, 2021, s. 66 (3)

Powers of Family Council

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s. 66 (3) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing.

The licensee has failed to ensure that when the Family Council advised them of concerns or recommendations the licensee within 10 days of receipt of the advice responded to the Council in writing. Review of the Family Council meeting minutes for 2024, identified concerns which were not responded to in writing.

Sources: Review of Family Council Meeting Minutes and interview with staff and Family Council representative.

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 Nursing and Personal Care program, including an assessment was documented. An assessment was completed for the resident and was not documented.

Sources: A review of the progress notes and assessments for a resident and interview with a Registered Practical Nurse and other staff.

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WRITTEN NOTIFICATION: Food production

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 78 (2) (f)

Food production

s. 78 (2) The food production system must, at a minimum, provide for,
(f) communication to residents and staff of any menu substitutions.

The licensee has failed to ensure that planned menu substitutions were communicated to residents and staff. During a lunch observation on a specified date in February 2025, staff were observed offering apple sauce and cake for dessert; however, the menu board stated apricots and cake were to be offered.

Sources: Observation of a lunch meal; review of the planned menu and discussion with dietary aide (DA).

WRITTEN NOTIFICATION: Dealing with Complaints

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (2) (c)

Dealing with complaints

s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,
(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;

The licensee has failed to ensure that there was a documented record kept as required. Progress notes identified that concerns were voiced to staff regarding the care provided to a resident. The home was not able to produce records of the

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actions taken to resolve the concerns, when actions were taken nor any follow up actions.

Sources: Progress notes related to a resident and interview with the Assistant Director of Resident Care and other staff.

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #006 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 the continuous quality improvement initiative report was provided to the Resident and Family Council. The 2024 Council meeting minutes did not include a copy of the report or a discussion about the report.

Sources: Review of both Council meeting minutes and interview with Administrator and other staff.