

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: September 4, 2025

Inspection Number: 2025-1277-0002

Inspection Type:

Critical Incident

Licensee: Kindera Living Care Centres LP by its general partners, Kindera Living Care Centres GP Inc. and Kindera Living Management Inc.

Long Term Care Home and City: Anson Place Care Centre, Hagersville

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: August 28-29, 2025 and September 2-4, 2025.

The following intake was inspected:

- Intake: #00150371, Critical Incident (CI) 2786-000005-25 was related to fall prevention and management.

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

Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

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NC #001 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 has failed to ensure that a resident was reassessed when an intervention specified in their plan of care was no longer necessary. The Director of Care (DOC) acknowledged that when the intervention was resolved, no documentation was created detailing the reassessment that determined the intervention was no longer needed and why.

Sources: resident's clinical records; and interviews with the DOC and Resident Assessment Instrument Coordinator.

WRITTEN NOTIFICATION: Pain Management

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

Non-compliance with: O. Reg. 246/22, s. 57 (1) 4.

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

The licensee has failed to comply with the home's pain management program when the effectiveness of a resident's pain management strategies were not documented

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as indicated in the home's pain management policy. In accordance with O. Reg. 246/22 s. 11(1)(b), the licensee is required to ensure that written policies developed for the pain management program were complied with. Specifically, the home's pain management policy specified that pain levels were to be documented before and after any PRN (as needed) medication. Multiple times the documentation occurred over six hours after administration and, at times, after additional pain medication was administered.

Sources: resident's clinical records, Pain Management policy; and interview with the DOC.