

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: March 19, 2025

Inspection Number: 2025-1406-0002

Inspection Type:

Critical Incident

Licensee: Liuna Local 837 Nursing Home (Ancaster) Corporation

Long Term Care Home and City: Regina Gardens, Hamilton

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 12-14 and 17-19, 2025.

The following intake(s) were inspected:

- Intake: #00132831 - Critical Incident (CI) related to prevention of abuse and neglect.
- Intake: #00132896 - CI related to falls prevention and management.
- Intake: #00134397 - CI related to prevention of abuse and neglect.
- Intake: #00139349 - CI related to infection prevention and control.

The following intake(s) were completed:

- Intake: #00136121 - CI related to infection prevention and control (IPAC).
- Intake: #00137456 - CI related to IPAC.
- Intake: #00140269 - CI related to IPAC.
- Intake: #00141846 - CI related to IPAC.

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

- Skin and Wound Prevention and Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Responsive Behaviours

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Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #001 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 has failed to ensure that their written policy to promote zero tolerance of abuse and neglect of residents was complied with when a staff member failed to immediately report an incident of alleged verbal abuse.

Sources: Resident clinical records, CI, investigation notes, Abuse Free Communities-Prevention, Education, and Analysis Policy, LTC-ON-100-05-01, revised July 2024, and interviews with staff.

WRITTEN NOTIFICATION: General requirements

NC #002 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.

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The licensee has failed to ensure that any actions taken with respect to a resident under the pain management program, as required in Ontario Regulations (O. Reg). 246/22, section 53 (1), including the assessment, interventions, and their responses to interventions were documented when a comprehensive pain assessment was not completed when new pain was reported.

Sources: Resident clinical records, Communication Report Book, Pain Management Program, LTC-ON-200-05-06, revised July 2024, and an interview with management.

WRITTEN NOTIFICATION: Transferring and Positioning Techniques

NC #003 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 safe transferring techniques were used when a resident was transferred by staff.

Sources: Resident clinical records, CI, staff interview.

WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

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

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injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee has failed to ensure that a resident received a clinically appropriate skin assessment by a member of the registered nursing staff when a new skin issue was identified.

Sources: Resident clinical records, Skin and Wound Care Program, LTC-ON-200-05-02, revised March 2025, and an interview with management.

WRITTEN NOTIFICATION: Skin and wound care

NC #005 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 has failed to ensure that a resident's skin was re-assessed at least weekly by a member of the registered nursing staff.

Sources: Resident clinical records and an interview with management.