Ontario

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

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

Central West District
609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Public Report

Report Issue Date: September 25, 2025

Inspection Number: 2025-1094-0008

Inspection Type:
Complaint
Critical Incident

Licensee: Lutheran Homes Kitchener-Waterloo

Long Term Care Home and City: Trinity Village Care Centre, Kitchener

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 12, 15 - 19, 22 - 25, 2025

The following intake(s) were inspected:

- Intake: #00153314 – Infection Prevention and Control
- Intake: #00155815, 00155966, 00156080, 00156197 – Falls Prevention and Management
- Intake: #00155894 – Resident Care and Support Services, Medication Management and Skin and Wound Prevention and Management
- Intake: #00156309 – Responsive Behaviours, Prevention of Abuse and Neglect, Reporting and Complaints

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

Resident Care and Support Services

Skin and Wound Prevention and Management
Medication Management
Infection Prevention and Control
Responsive Behaviours
Prevention of Abuse and Neglect
Reporting and Complaints
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Licensee must investigate

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 27 (1) (a) (i)
Licensee must investigate, respond and act
s. 27 (1) Every licensee of a long-term care home shall ensure that,
(a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:
(i) abuse of a resident by anyone,

The home failed to investigate allegations of resident-to-resident abuse.

Allegations of resident-to-resident abuse were documented in resident clinical records.

The Director of Care (DOC) stated that the home had not completed an investigation utilizing the investigation form for these incidents. The home did not contact the police regarding these allegations.

Sources: review of resident clinical records, interview with Director of Care (DOC), Abuse/Neglect policy, revised January 2024.

WRITTEN NOTIFICATION: Reporting certain matters

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The home failed to immediately report allegations of resident-to-resident abuse to the Director.

Allegations of resident-to-resident abuse were documented in multiple resident clinical records. These allegations were not reported to the Director.

Sources: review of resident clinical records, interview with Director of Care (DOC).

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) (e)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,

(e) a resident exhibiting a skin condition that is likely to require or respond to nutrition intervention, such as pressure injuries, foot ulcers, surgical wounds, burns or a worsening skin condition, is assessed by a registered dietitian who is a member of the staff of the home, and that any changes the registered dietitian recommends to the resident's plan of care relating to nutrition and hydration are implemented. O. Reg. 246/22, s. 55 (2); O. Reg. 66/23, s. 12.

The licensee has failed to ensure that a resident was assessed by a registered dietitian when they were identified to have altered skin integration. There were no nutrition referrals made to the registered dietitian.

Sources: Record review of the Pressure Ulcers and Skin Wounds - Nutrition Policy (dated: 08/2025) and resident's clinical records; and an interview with Registered Dietitian (RD).

WRITTEN NOTIFICATION: Infection prevention and control program

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

In accordance with Best Practices for Environmental Cleaning for Prevention and

Control of Infections in All Health Care Settings, 3rd Edition April 2018, the licensee has failed to ensure that the home's policies and procedures to determine the frequency of surface cleaning and disinfection used a risk stratification approach.

Sources: policies Housekeeping (procedures) # 1.02, Common Area on House Cleaning, reviewed March 2025, Housekeeping (procedures) # 1.02, Resident Room Cleaning (outbreak), reviewed March 2025, interview with Environmental Services Manager

WRITTEN NOTIFICATION: CMOH and MOH

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 272
CMOH and MOH
s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The licensee has failed to ensure that when the home was in a confirmed outbreak, weekly Infection Prevention and Control (IPAC) audits were completed as recommended by the Chief Medical Officer of Health.

In accordance with the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings Ministry of Health, effective February 2025, weekly IPAC audits were to be conducted for the duration of an outbreak. Staff were to conduct IPAC audits for hand hygiene and Personal Protective Equipment (PPE) use by staff. These were not completed by the home weekly during an outbreak.

Sources: review of audits and interview with IPAC Lead.

COMPLIANCE ORDER CO #001 General requirements

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
-Provide re-education to specific registered staff on the Falls policy – the list of assessments to be completed and where they are to be documented.

-A record of the re-education must include date of completion, content and signature of each registered staff.

-Audit one fall risk management document requiring head-to-toe assessments for completion and accuracy of the specific registered staff.

-Document the date and time of the audits and any corrective action taken to address actions or inactions that were found after completing audits of the head-to-toe assessments.

Grounds

The licensee has failed to ensure that multiple resident head-to-toe assessments were completed.

A) Two residents had falls that resulted in injuries. No head-to-toe assessment were completed, while documentation indicated that they were.

The home's Falls policy states the House Manager is to complete the head to toe skin assessment with the Nurse Manager when a fall occurs in the home.

Source: Clinical records, Falls Policy Revised April 2024, and interviews with staff.

B) The home's abuse policy, investigation form directs staff to complete a head-to-toe assessment for alleged physical abuse of a resident.

Documentation of multiple resident head to toe assessments related to allegations of resident-to-resident abuse were not found to be completed in the PCC assessment tab.

When residents head-to-toe assessments post fall and post allegations of abuse were not completed per the home's processes there were missed opportunities to monitor change of conditions for residents after incidents with injuries occurred. There was moderate risk related to failure of monitoring the physical injuries that occurred for residents post falls.

Sources: clinical record review for residents, Resident Abuse/Neglect - PM A1.10, revised January 2024 PCC, interview with DOC

This order must be complied with by November 5, 2025

COMPLIANCE ORDER CO #002 Altercations and other interactions between residents

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 59 (b)
Altercations and other interactions between residents
s. 59. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,
(b) identifying and implementing interventions.

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 59 (b) [FLTCA, 2021, s. 155 (1) (b)]:
The plan must include but is not limited to:
-The plan must include review of the home's supplemental staffing policy and processes.

-The review should include consideration of potential risks involved to residents when supplemental staffing is removed for any reason, how to manage risks, and interventions to be implemented when risk to residents is identified.

-Include the names of staff involved in the review, the date of the review, and any policies and procedures that were revised related to supplemental staffing.

Please submit the written plan for achieving compliance for inspection #2025-1094-0008 to MLTC, by email to centralwestdistrict.mltc@ontario.ca by October 17, 2025.

Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds

The licensee has failed to ensure two residents had one to one staffing in place as specified in the plan of care as an intervention to support responsive behaviours.

A) A Resident had a history of responsive behaviours towards others. The resident had been assessed for one to one staffing to manage this behavour. One day the one to one staffing for this resident was not present which posed a risk to other residents.

Source: Clinical records and staff interviews.

B) A resident was in their room. One to one staffing was not present for a period of time. Another resident entered the resident's room during this time. This resident expressed responsive behaviours toward the resident who entered their room, the resident was agitated from the incident.

The resident was observed to be left without one-to-one staff present to monitor them, which posed a risk to other residents.

There was moderate impact to the other resident when they experienced agitation and potential fear after experiencing responsive behavours by the resident when their one to one staffing was not in place.

Sources: Interview with the Director of Care (DOC) and Personal Support Worker (PSW), review of the resident's clinical record.

This order must be complied with by November 5, 2025

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.