

**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 3, 2025

**Inspection Number:** 2025-1296-0001

**Inspection Type:**

Critical Incident

**Licensee:** Mirdem Nursing Homes Ltd.

**Long Term Care Home and City:** Victoria Gardens Long Term Care, Hamilton

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 25-27, 2025, and March 3, 2025.

The following intakes were inspected:

- Intake: #00131897, Critical Incident (CI) 2806-000021-24 was related to prevention of abuse and neglect; and,
- Intake: #00135342, CI 2806-000022-24 was related to infection prevention and control.

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

Infection Prevention and Control  
Prevention of Abuse and Neglect

## 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 (9) 1.**

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that Dementia Observation System (DOS) charting was fully documented for a resident. The home's physician ordered seven days of DOS charting to monitor a resident's responsive behaviours. A review of the behavioural observation record showed that on multiple days, monitoring information was not documented.

**Sources:** resident's clinical records; observations; and interview with the DOC.

**COMPLIANCE ORDER CO #001 Infection Prevention and  
Control Program**

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**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 inspector is ordering the licensee to comply with a Compliance Order  
[FLTCA, 2021, s. 155 (1) (a)]:**

The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was implemented.

The licensee shall do the following:

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- 1)** Provide re-education and training to a registered practical nurse (RPN) on the home's hand hygiene program, including the four moments of hand hygiene.
- 2)** Perform hand hygiene audits, during medication passes when the RPN administers medication, every shift they work until the compliance due date, or until such time that hand hygiene is consistently being performed according to the four moments of hand hygiene.
- 3)** Provide re-education and training to a staff member on appropriate personal protection equipment (PPE) required to enter resident rooms under droplet/contact precautions.
- 4)** Perform weekly PPE audits of the staff member selecting PPE required when entering rooms under droplet/contact precautions, until the compliance due date, or until such time that the appropriate PPE selection is consistently being done.
- 5)** Retain all education/training materials, and document who provided the education/training, participants, and dates.
- 6)** All required audits are to be documented and identify the person who completed the audit, the audit date, and any actions taken, if required.

**Grounds**

The licensee has failed to ensure that two sections of the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes was implemented.

**A.** Section 9.1 (b) specified that routine practices shall include the four moments of hand hygiene, including before and after resident contact. While administering medications an RPN did not perform hand hygiene before and after resident contact. The home's IPAC Lead identified that the RPN was a newer hire and worked on a casual basis which may have contributed to the oversight; however, they acknowledged that hand hygiene was an essential and expected practice to minimize the risk of spreading infectious diseases.

**B.** Section 9.1 (f) specified that additional precautions shall include additional

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personal protection equipment (PPE) requirements including appropriate selection. A staff member was observed not wearing eye protection while cleaning a resident's room who was placed under droplet/contact precautions. The staff member explained that as they were not coming into contact with the resident, they did not believe they needed to wear eye protection. The home's IPAC Lead stated that all staff were to wear eye protection when they enter a room on droplet/contact precautions, whether they are in direct contact with the resident or not.

**Sources:** resident's clinical records, IPAC Standard for Long-Term Care Homes (revised September 2023); observations; and interviews with the IPAC Lead and staff.

**This order must be complied with by May 9, 2025.**

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**REVIEW/APEAL 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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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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, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

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**Director**

c/o Appeals Coordinator  
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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).