

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

## Original Public Report

Report Issue Date: February 12, 2024	
Inspection Number: 2024-1111-0001	
Inspection Type: Critical Incident	
Licensee: Hanover Operating Inc.	
Long Term Care Home and City: The Village Seniors Community, Hanover	
Lead Inspector Gabriella Del Principe (741734)	Inspector Digital Signature

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: February 6-8, 2024.

The following intake was inspected in this Critical Incident (CI) inspection:

- Intake #00100871 was related to staff to resident neglect

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services  
Infection Prevention and Control

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## 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 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee failed to ensure that the care set out for a resident was provided.

#### Rationale and Summary

A resident's plan of care indicated that they required assistance from staff to meet their personal hygiene care needs. Staff were required to document that this care was provided daily, on the morning and evening shift.

Interviews with staff members confirmed that on a specific date and time, the resident was not provided personal hygiene care, due to a miscommunication.

Failure to provide personal hygiene care to the resident prevented them from receiving the care that they required for their overall health and wellness.

Sources: Resident's clinical health records, record review of the Critical Incident report, record review of the homes investigation notes, and interviews with staff members. [741734]