

**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

**Original Public Report**

<b>Report Issue Date:</b> November 21, 2024
<b>Inspection Number:</b> 2024-1593-0005
<b>Inspection Type:</b> Complaint
<b>Licensee:</b> City of Hamilton
<b>Long Term Care Home and City:</b> Wentworth Lodge, Dundas

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): October 28, 29, 30, 31, 2024 and November 1, 5, 6, 2024

The following intake(s) were inspected:

- Intake: #00123161 -Complaint with concerns regarding Resident's Care and Support Services and Whistle-blowing Protection and Retaliation.
- Intake: #00126387 - Complaint with concerns regarding Resident's Skin and Wound Prevention and Management.

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Whistle-blowing Protection and Retaliation
- Infection Prevention and Control

**INSPECTION RESULTS**

**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

## **WRITTEN NOTIFICATION: Residents' Bill of Rights**

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

### **Non-compliance with: FLTCA, 2021, s. 3 (1) 2.**

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

2. Every resident has the right to have their lifestyle and choices respected.

The licensee has failed to ensure that a resident's right to have their lifestyle and choices respected was upheld.

### **Rationale and Summary**

During an interview with a resident, they stated that they were refused baths and were showered a few times while they requested for a bath.

During an interview with the IPAC Lead, they acknowledged that resident should not have been denied their bath as per their plan of care.

Resident's right to have a bath was not respected by staff.

**Sources:** Plan of care, interview with staff. [741771]

## **COMPLIANCE ORDER CO #001 Maintenance services**

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

### **Non-compliance with: O. Reg. 246/22, s. 96 (2) (a)**

Maintenance services

s. 96 (2) The licensee shall ensure that procedures are developed and implemented

**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

to ensure that,

(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;

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

The licensee shall:

- 1) Provide education for PSWs and registered staff in the home area, regarding following the manufacturers direction for the use of the specified bath accessory and provide clear direction for reporting maintenance issues and services as mentioned in O. Reg. 246/22, s. 96 (2) a.
- 2) Document and retain records of the above education including the date and name of the person who provided the education.
- 3) Conduct a weekly audit on the availability of the bath accessory for one month from when the part is received and installed.
- 4) Document the date, who completed the audit, non-compliances and corrective action taken. Audit records must be kept and readily available for inspector to review.

**Grounds**

The licensee has failed to ensure that procedures were implemented to ensure that bath accessory, in the home is kept in good repair and maintained at a level that meets manufacturer specifications, at a minimum.

**Rationale and Summary**

While following up on a concern from an inquiry that a bath equipment accessory for a home area was missing and residents are not receiving their baths, inspector conducted an observation during the inspection.

During an observation with staff, there was no bath accessory and staff stated that they were using a temporary remedy in place of the bath accessory to provide

**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

baths. One staff stated that it had been brought to their attention and had been reported to management.

During an interview with the DON, they acknowledged that the appropriate steps for requesting a replacement bath accessory were not taken by the staff. The process is for staff to provide a written request and that was not done, therefore the equipment was not ordered at the time it went missing in the home.

Not maintaining the bath accessory at a level that meets manufacturer specifications is a risk to the residents' safety.

**Sources:** Maintenance record, interview with staff.

**This order must be complied with by** February 7, 2025

**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

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

**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

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

**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

Toronto, ON, M5S 1S4

**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)

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).