

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: February 3, 2025

Inspection Number: 2025-1414-0001

Inspection Type:

Complaint
Critical Incident

Licensee: Kindera Living Care Centres GP Inc.

Long Term Care Home and City: Arbour Creek Long-Term Care Centre, Hamilton

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 21, 23-24, 27-31, 2025 and February 3, 2025.

The following intake(s) were inspected:

- Intake #00125483 - Critical Incident (CI) #2930-000036-24 related to the prevention of abuse and neglect.
- Intake #00126025 - CI #2930-000038-24 related to infection prevention and control (IPAC).
- Intake #00128517 - CI #2930-000042-24 related to improper/incompetent treatment.
- Intake #00128870 - CI #2930-000043-24 related to the prevention of abuse and neglect.
- Intake #00130924 - CI #2930-000046-24 related to the prevention of abuse and neglect.
- Intake #00131245 - CI #2930-000047-24 related to the prevention of abuse and neglect.
- Intake #00131482 - CI #2930-000048-24 related to improper/incompetent treatment.

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- Intake #00133056 - Complaint related to the prevention of abuse and neglect, plan of care, skin and wound care, medication management and housekeeping.

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

Contenance Care
Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Reporting and Complaints

INSPECTION RESULTS

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) 16.

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:

16. Every resident has the right to proper accommodation, nutrition, care and services consistent with their needs.

The licensee has failed to ensure that a resident's right to proper care and services consistent with their needs was fully respected and promoted. One staff manually transferred the resident when they required total assistance of two staff with a specified intervention, which scared the resident and made them feel like a

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"nobody".

Sources: Interview with a resident, CI report.

WRITTEN NOTIFICATION: Documentation

NC #002 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.

A) The licensee has failed to ensure that a staff member completed documentation of care for a resident.

A resident's clinical records indicated they required a specific intervention at a set interval of time. A staff member indicated that the resident's intervention was not provided to them during a specific interval of time and did not document accordingly.

Sources: A resident's clinical records, interviews with staff.

B) The licensee has failed to document the provision of care set out in a resident's plan of care.

Review of a resident observation record indicated incomplete documentation of an observation of the resident on five dates.

Sources: Resident record.

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WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 28 (1) 1.

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:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that an allegation of improper care was immediately reported to the Director when the home was notified of an incident on a specified date and it was not reported to the Director until the following day.

Sources: CI report, family/resident client complaints form.

WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #004 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 staff used safe transferring and positioning devices or techniques when assisting a resident on a specified date. The resident required a specific amount of assistance however staff did not provide the proper amount of assistance.

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Sources: Interview with a staff, a resident's care plan.

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) (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 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 when a resident sustained a skin impairment, they received a skin assessment using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment..

A resident sustained a skin impairment and did not receive a skin assessment.

Sources: Interview with a staff member, a resident's clinical record.

WRITTEN NOTIFICATION: Continence care and bowel management

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 56 (2) (b)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

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(b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

The licensee has failed to ensure that an individualized plan was created and implemented to promote and manage a resident's continence.

A resident was had a specific continence level and an individualized plan was not created and implemented to promote and manage their continence until five months later.

Sources: A resident's clinical record; interviews with staff.

WRITTEN NOTIFICATION: Continence care and bowel management

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 56 (2) (g)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

The licensee has failed to ensure that a resident was provided sufficient changes to remain clean, dry and comfortable.

The home received a complaint relating to a resident. On an identified date, a resident was observed to be heavily soiled. An improper check of the incontinence product was completed by staff prior to the observation. The resident's incontinence product was saturated.

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Sources: Review of home's investigative notes, a resident's clinical record; interviews with staff members.

WRITTEN NOTIFICATION: Responsive behaviours

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 58 (2) (c)

Responsive behaviours

s. 58 (2) The licensee shall ensure that, for all programs and services, the matters referred to in subsection (1) are,

(c) co-ordinated and implemented on an interdisciplinary basis.

The licensee has failed to ensure that an admission assessment for a resident with was coordinated and implemented.

A resident failed to receive an admission assessment specifically for responsive behaviours upon admission.

Sources: A resident's clinical record, home's policy; interview with staff.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #009 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).

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The licensee has failed to implement the IPAC Standard for Long-Term Care Homes, issued by the Director when a staff did not perform a point of care risk assessment (PCRA).

The IPAC Standard for Long-Term Care Homes, revised September 2023, indicates under Section 9.1 Routine and Additional Precautions, that at minimum, Routine Practices, shall include (a) use of infectious disease risk assessments including PRCAs.

A staff member was not aware of additional precaution signage in place prior to entering a resident room to perform a task.

Sources: Observation of a staff, interview with a staff.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

The licensee has failed to ensure that on every shift, symptoms indicating the presence of infection were monitored for residents during an outbreak.

The home was in an outbreak for a specified period. According to resident clinical

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records, two residents did not have symptom monitoring completed on each shift for the duration of the outbreak, and two residents had symptom monitoring completed on each shift for one day of the outbreak.

A staff member indicated that symptom monitoring was to be completed on each shift by registered staff.

Sources: resident clinical records, interview with staff, the home's policy.

WRITTEN NOTIFICATION: Notification re incidents

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 104 (1) (b)

Notification re incidents

s. 104 (1) Every licensee of a long-term care home shall ensure that the resident's substitute decision-maker, if any, and any other person specified by the resident, (b) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident.

A) The Licensee has failed to ensure that a substitute decision maker (SDM) was notified within 12 hours of a witnessed incident of abuse.

Sources: CI report, a resident's clinical record, home's internal investigation notes and interviews with staff.

B) The Licensee has failed to ensure that an SDM was notified within 12 hours of a witnessed incident of abuse.

Sources: CI report, a resident's clinical record, home's internal investigation notes and interviews with staff.

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WRITTEN NOTIFICATION: Medication Management System

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 123 (2)

Medication management system

s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The licensee has failed to comply with the home's medication management system when a resident's Physician (MD) was sent an e-mail to complete medication reconciliation upon their return from the hospital.

In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee is required to ensure that written policies and protocols developed for the medication management system were complied with.

Specifically, the home's policy indicated that when a resident returned from the hospital, staff were to call the MD to obtain orders for re-admission medications.

Sources: The home's policy, a resident's clinical record, the home's investigation notes, interview with a staff member.

WRITTEN NOTIFICATION: Emergency Drug Supply

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 132 (b)

Emergency drug supply

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s. 132. Every licensee of a long-term care home who maintains an emergency drug supply for the home shall ensure,
(b) that a written policy is in place to address the location of the supply, procedures and timing for reordering drugs, access to the supply, use of drugs in the supply and tracking and documentation with respect to the drugs maintained in the supply;

The licensee has failed to comply with the home's emergency drug supply policy when staff did not restock the emergency drug box when drugs were delivered from the pharmacy.

In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee is required to ensure that there is a written policy for the emergency drug supply in the home and that it is complied with.

Specifically, the home's emergency drug supply policy indicated that when drugs meant for the emergency drug box were received from the pharmacy, staff were to place the medications in the emergency drug box.

Sources: A resident's clinical record, the home's investigation notes, the home's policy, interview with a staff member.

COMPLIANCE ORDER CO #001 Duty of Licensee to Comply with Plan

NC #014 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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 inspector is ordering the licensee to comply with a Compliance Order

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IFLTCA, 2021, s. 155 (1) (a):

The licensee shall:

1. Educate two staff members in person on a specified policy in the home and where to locate specified resident assessments and;
2. Ensure that a record is kept including the date the education was provided, who provided the education and staff signatures that they understood the education and;
3. Ensure this record is available upon inspector request.

Grounds

A) The licensee has failed to ensure that a resident was provided an intervention as specified in their plan of care.

A resident had a specified intervention indicated in their plan of care. On an identified date, the intervention was not provided to the resident.

Two staff members acknowledged that they were unaware of the resident's intervention, which resulted in a significant risk of harm to the resident.

Sources: A resident's clinical record, the home's policy, interviews with staff.

B) The licensee has failed to ensure that a resident's intervention was provided to them as specified in their plan of care.

A resident's clinical records indicated that they required a specific intervention. A staff member indicated that they did not provide the intervention on three occasions.

Sources: A resident's clinical records, home's investigation notes, interviews with staff.

This order must be complied with by March 11, 2025.

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COMPLIANCE ORDER CO #002 Duty to protect

NC #015 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with FLTCA, 2021, s. 24 (1) [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to:

1. Short-term and long-term actions the home will take to ensure that residents are not abused.

Please submit the written plan for achieving compliance for inspection 2024_1414-0001 by email by February 18, 2025.

Please ensure that the submitted written plan does not contain any Personal Information (PI)/Personal Health Information (PHI).

Grounds

A) The Licensee has failed to protect a resident from abuse by staff.

A staff member abused a resident during care. Failure to ensure that the resident was protected from abuse resulted in actual impact to the resident.

Sources: A resident's clinical records, the home's internal investigation notes and interviews with staff.

B) The Licensee has failed to ensure that a resident was protected from abuse by a staff member.

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A staff member abused a resident during care. The resident no longer wished to be cared for by the staff member after the incident.

Sources: A resident's clinical records, the home's internal investigation notes and interviews with staff.

C) The Licensee failed to ensure that a resident was protected from abuse by a staff member.

A staff member abused a resident during care. The resident was in pain after the incident.

Sources: A resident's clinical records, the home's internal investigation notes and interviews with staff.

D) The licensee has failed to ensure that a resident was protected from abuse by another resident.

A resident hit another resident with an object causing the resident to sustain a skin impairment and pain.

Sources: Resident clinical records, interviews with staff.

This order must be complied with by March 21, 2025.

COMPLIANCE ORDER CO #003 Reporting certain matters to Director

NC #016 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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:

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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 Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with FLTCA, 2021, s. 28 (1) 2. [FLTCA, 2021, s. 155 (1) (b)]:

The plan shall include but is not limited to:

1. Short-term and long-term actions the home will take to ensure that alleged abuse and/or neglect to residents is reported to the Director immediately.

Please submit the written plan for achieving compliance for inspection 2024_1414-0001 by email by February 18, 2025. Please ensure that the submitted written plan does not contain any Personal Information (PI)/Personal Health Information (PHI).

Grounds

A) The licensee has failed to ensure that an allegation of neglect was immediately reported to the Director when a written complaint alleging neglect was sent to the home on an identified date and it was not reported to the Director immediately.

Sources: CI report, the home's client service response form.

B) The licensee has failed to ensure that an allegation of physical abuse to a resident was immediately reported to the Director when the staff were aware of an incident of alleged abuse of a resident on an identified date and it was not reported to the Director until a day later.

Sources: Review of a CI report, interview with staff.

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C) The licensee has failed to ensure that an incident of alleged abuse was reported to the Director immediately when verbal abuse occurred on an identified date and it was not reported to the Director until a day later.

Sources: CI report, a resident's clinical record, home's internal investigation notes and interviews with staff.

D) The licensee has failed to ensure that an incident of alleged abuse was reported immediately to the Director when it occurred on a specified date but was not reported to the Director until a day later.

Sources: CI report, a resident's clinical record, home's internal investigation notes and interviews with staff.

E) The licensee has failed to ensure that an incident of alleged physical and verbal abuse to a resident was reported immediately to the Director.

On an identified date, a staff member witnessed another staff member abuse a resident. The staff who witnessed the incident did not report it to anyone until the next month. The home did not report it to the Director until the day after the staff member informed them. By not reporting the incident immediately, resident's were at further risk of abuse.

Sources: CI report, a resident's clinical record, home's internal investigation notes and interviews with staff.

This order must be complied with by March 21, 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

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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, 9th Floor

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Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
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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.