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

Hamilton District
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Public Report

Report Issue Date: May 13, 2026
Inspection Number: 2026-1414-0002
Inspection Type: Complaint Critical Incident Follow up
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): May 5-8, 11, 13, 2026

The following intake(s) were inspected:
-Intake #00171172/Complainant related to skin and wound prevention and management, and reporting and complaints
-Intake #00171187/Critical Incident (CI) #2930-000019-26 related to skin and wound prevention and management
-Intake #00173119/Follow-up #1 - CO(HP) #001 / 2026-1414-0001, O. Reg. 246/22 s. 53 (1) 2. Required Programs, CDD March 31, 2026.
-Intake #00174867CI #2930-000030-26 related to medication management
-Intake #00174936/CI #2930-000029-26 related to resident care and support services
-Intake #00177375/CI# 2930-000035-26 related to prevention of abuse and neglect

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2026-1414-0001 related to O. Reg. 246/22, s. 53 (1) 2.

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Medication Management

Infection Prevention and Control
Prevention of Abuse and Neglect
Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

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.

A) On a date in March 2026, two staff pivot transferred a resident to the toilet, when they were required to use a mechanical lift.

Sources: Resident clinical record, the home's investigation records, staff discipline records, interviews with staff and management.

B) A fall mat was observed on the floor to the left side of a residents bed and was required to be in place at both sides of the bed to reduce the risk of injury.

Sources: Observation of resident room, resident clinical record.

WRITTEN NOTIFICATION: General requirements

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
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.

A Staff member did not document an assessment or dressing of a wound to a resident when there was potential for a worsening skin impairment on a date in February 2026.

Sources: Resident clinical records, Home's investigation notes, interview with staff.

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) (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,

A resident did not receive a skin assessment using a clinically appropriate assessment instrument when they exhibited altered skin integrity in February 2026.

Sources: Resident clinical records, interviews with staff.

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 (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

Monitoring and documentation were not completed for a resident during a period of time in February 2026 when the resident experienced symptoms indicating the presence of infection.

Sources: Resident clinical records, interview with staff.