

**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:** June 16, 2025

**Inspection Number:** 2025-1444-0004

**Inspection Type:**

Critical Incident

**Licensee:** Parkview Meadows Christian Retirement Village

**Long Term Care Home and City:** Gardenview Long Term Care Home, Townsend

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 11-13, and 16, 2025.

The following intake was inspected:

- Intake: #00147264, Critical Incident 2961-000004-25 was related to falls prevention and management.

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

Falls Prevention and Management

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

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NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: FLTCA, 2021, s. 6 (10) (b)**

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,  
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that when a resident's condition changed and an interventions was no longer required, their plan of care was updated. The resident's plan of care specified that commonly used articles were to be within easy reach. During an observation in the resident's room, there was no furniture next to the bed. A personal support worker (PSW) stated that furniture was moved away from the resident's bed as a safety precaution. The Assistant Director of Care (ADOC) explained that the resident no longer spent as much time in their room. They acknowledged that the intervention was no longer necessary based on the resident's change in condition and proceeded to update the resident's plan of care.

**Sources:** resident's clinical records; and interviews with a PSW and ADOC.

Date Remedy Implemented: June 13, 2025

**WRITTEN NOTIFICATION: General Requirements for Programs**

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

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under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee has failed to ensure that any actions taken with respect to a resident under the nursing and personal support services program were documented when they returned from hospital. The home's Re-Admission policy specified that vitals and chart notes were to be completed every shift for 72 hours. A review of a resident's clinical records indicated that not all of the required vitals and chart notes were not documented.

**Sources:** resident's clinical records, Re-Admission policy (July 2018); and interviews with a registered practical nurse (RPN), ADOC, and Director of Care (DOC). [720920]

## WRITTEN NOTIFICATION: Required Programs

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

**Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.**

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee has failed to comply with the home's falls prevention and management program when six quarterly fall risk assessments were not completed for a resident.

In accordance with Ontario Regulations (O. Reg.) 246/22, section (s.) 11 (1) (b) the licensee is required to ensure that written policies developed for the falls prevention

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and management program were complied with.

Specifically, the home's falls policy specified that a fall risk assessment was to be completed on admission/re-admission and quarterly, which was not consistently done for a resident.

**Sources:** resident's clinical records, Falls Preventions and Management Program (revised January 2024), Fall Prevention and Management Program (revised January 2020); and interviews with an RPN, ADOC, and DOC.