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
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Public Report

Report Issue Date: July 30, 2025

Inspection Number: 2025-1458-0005

Inspection Type:
Complaint
Critical Incident

Licensee: St. Joseph's Health System

Long Term Care Home and City: St. Joseph's Villa, Dundas, Dundas

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 9, 10, 11, 14, 15, 16, 17, 18, 22, 23, 24, 25, 28, 29, 30, 2025

The following intake(s) were inspected:
· Intake: #00144873 - Critical incident (CI) 2975-000031-25 - Fall prevention and management.
· Intake: #00146423 - CI 2975-000037-25 - Fall prevention and management.
· Intake: #00146747 - CI 2975-000038-25 - Fall prevention and management.
· Intake: #00147336 - CI 2975-000040-25 - Infection prevention and control.
· Intake: #00152503 - Complainant concerns regarding air temperature, air conditioning requirements, cooling requirements.
· Intake: #00152838 - Complainant concerns regarding air temperature, air conditioning requirements, cooling requirements.

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

Housekeeping, Laundry and Maintenance Services

INSPECTION RESULTS

WRITTEN NOTIFICATION: Accommodation services

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 19 (2) (c)
Accommodation services
s. 19 (2) Every licensee of a long-term care home shall ensure that,
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee failed to ensure that the home was maintained in a safe condition and in a good state of repair in resident areas on an identified home area.

The plaster surface on walls throughout the home area corridors appeared to be detaching, with a bulging appearance.

The vinyl baseboards in some resident accessible areas (bathrooms, bedrooms, corridors) were missing, fully or partially detached from the walls and in some cases detached pieces were laying on floor. The transition strip between the balcony and interior on one area was missing as well as some segments of tile on floor. This created potential trip hazards for residents walking in these areas.

Sources: Observations.

WRITTEN NOTIFICATION: care plans and plans of care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 29 (3) 11.
Plan of care
s. 29 (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
11. Seasonal risk relating to heat related illness, including protective measures required to prevent or mitigate heat related illness.

The licensee failed to ensure that the plan of care for residents included protective measures required to prevent or mitigate heat related illness (HRI).

The heat illness prevention intervention in the plan of care for a few residents were identical despite each resident's heat risk assessment score. Some of the residents were identified to be at high heat risk for HRI and resided in rooms in the building subjected to more direct sun and warmer conditions. Identical care plan interventions were in place for the identified residents, despite each resident having different risk factors related to their clinical profile and exposure to different environmental conditions in their rooms.

Sources: Air temperature measurements in resident rooms, review of heat risk assessments, plan of care, and interviews with staff.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #003 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).

Section 9.1 (b), of the IPAC Standard, specified that the home's hand hygiene shall include, but not limited to, the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact.

The licensee failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was complied with on set dates when some staff members did not perform hand hygiene before entering resident's room and after exiting the resident's room.

Sources: Observation, Hand hygiene policy, interview 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 (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).

Section 9.1 (f), of the IPAC Standard, specified that additional precautions shall

include additional personal protection equipment (PPE) requirements including appropriate application and removal.

The licensee failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was complied with on a set date, when one staff went into a contact isolation room and provided care without wearing a gown.

Sources: Observation, PPE policy, Interview with staff.

WRITTEN NOTIFICATION: Emergency Plans

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 268 (4) 1. xi.
Emergency plans
s. 268 (4) The licensee shall ensure that the emergency plans provide for the following:
1. Dealing with emergencies, including, without being limited to,
xi. natural disasters and extreme weather events,

The licensee has failed to ensure that a written plan for dealing with extreme weather events was included in their Emergency plan.

Sources: Emergency plan, interview with DOC and maintenance manager.

COMPLIANCE ORDER CO #001 Air conditioning requirements

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 23.1 (3) 1.

Air conditioning requirements
s. 23.1 (3) The licensee shall ensure air conditioning is operating, and is used in accordance with the manufacturer's instructions, in each area of the long-term care home described in subsection (1) in either of the following circumstances:
1. When needed to maintain the temperature at a comfortable level for residents during the period and on the days described in subsections (1) and (2).

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

-Ensure that resident rooms have air conditioning system that operates effectively and is able to cool the rooms while maintaining temperatures between 22- 26 degrees, with high-risk residents and sun exposed rooms prioritized.

-For resident rooms where supplementary air-cooling units are installed for resident comfort, it should be included in the resident's plan of care, along with any operational instructions for staff to follow.

Grounds

The licensee has failed to ensure that air conditioning was operating effectively for the purpose of cooling the temperature in residents rooms and cooling stations during days the outside temperature exceeded 34 degrees (forecasted by Environment Canada) or indoor temperatures exceeded 26 degrees as measured by the licensee.

The licensee's air conditioning system was determined to be unable to keep up on extreme hot weather days, thus, unable of maintain comfortable indoor air temperatures for residents during hot days with indoor temperature exceeding 26

degrees Celsius. Temperature logs reviewed on set days ranged from 26-29 degrees Celsius.

An identified home area, some residents rooms received direct sun exposure and some of the residents in the sun exposed areas were at high risk for heat related illness. Most residents rooms had fans which were provided by the home and family members. There were large fans in the corridors and portable air conditioning units or fans in the cooling zones. The cooling was not adequate to maintain the temperature in the home during extreme weather days and no supplemental equipment to provide cooling has been made available to maintain the home's temperature on those days.

Sources: observations, temperature logs (June and July 2025), hot temperature service logs July 2025, air temperature measurements, interview with staff.

This order must be complied with by October 23, 2025

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

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
Toronto, ON, M5S 1S4

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

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.