

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Central West District**

609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901

## Public Report

**Report Issue Date:** September 19, 2025

**Inspection Number:** 2025-1229-0004

**Inspection Type:**

Critical Incident

**Licensee:** Peel Housing Corporation

**Long Term Care Home and City:** Vera M. Davis Community Care Centre, Bolton

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: September 16-19, 2025

The following Critical Incident (CI) intake was inspected:

-Intake #00155684, related to fall 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: O. Reg. 246/22, s. 115 (5) 2. iii.**

Reports re critical incidents

s. 115 (5) A licensee who is required to inform the Director of an incident under subsection (1), (3) or (4) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:

2. A description of the individuals involved in the incident, including,
- iii. names of staff members who responded or are responding to the incident.

The licensee has failed to ensure that the critical incident (CI) report related to a resident's incident, included the names of two staff who responded to the incident.

On September 18, 2025, the CI report was amended to include the names of the two staff members.

**Sources:** a critical incident report and an interview with staff.

Date Remedy Implemented: September 18, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 115 (5) 4. ii.**

Reports re critical incidents

s. 115 (5) A licensee who is required to inform the Director of an incident under subsection (1), (3) or (4) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:

4. Analysis and follow-up action, including,

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ii. the long-term actions planned to correct the situation and prevent recurrence.

The licensee has failed to ensure the CI report related to a resident's incident, included the long-term actions planned to correct the situation and prevent recurrence.

On September 18, 2025, the CI report was amended with the required information.

**Sources:** a critical incident report, and an interview with staff.

Date Remedy Implemented: September 18, 2025

## **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 ensure that the procedure under the Falls Prevention and Management program was followed for a resident's fall.

In accordance with O. Reg 246/22 s.11. (1) (b), the licensee is required to implement the procedures listed under their Falls Prevention and Management program. Specifically, the home's Falls Prevention and Management program included specific directions for staff to follow after a resident's fall.

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On one occasion, after a resident's fall staff did not follow the procedure as specified in the home's falls program.

**Sources:** a resident's clinical records, the home's falls prevention and management program, and interviews with staff.

### **WRITTEN NOTIFICATION: Skin and wound care**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (a) (ii)**

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by an authorized person described in subsection (2.1)

(ii) upon any return of the resident from hospital, and

The licensee has failed to ensure that a resident received a skin assessment by a registered nursing staff upon their return from the hospital.

**Sources:** a resident's clinical records and an interview with staff.

### **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

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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 had an area of altered skin integrity, they received a skin assessment using a clinically appropriate assessment tool, specifically designed for skin and wound assessment.

**Sources:** a resident's clinical records and interviews with staff.