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: August 29, 2025
Inspection Number: 2025-1593-0003
Inspection Type: Complaint
Licensee: City of Hamilton
Long Term Care Home and City: Wentworth Lodge, Dundas

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 20-22 and 25-28, 2025.

The following intake(s) were inspected:
-Intake: #00150442 - Complaint related to discharge of a resident.

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

Admission, Absences and Discharge

INSPECTION RESULTS

WRITTEN NOTIFICATION: Requirements on licensee before discharging a resident.

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 161 (2) (c)
Requirements on licensee before discharging a resident
s. 161 (2) Before discharging a resident under subsection 157 (1), the licensee shall,
(c) ensure the resident and the resident's substitute decision-maker, if any, and any person either of them may direct is kept informed and given an opportunity to participate in the discharge planning and that their wishes are taken into consideration; and

The licensee failed to ensure that a resident's substitute decision maker (SDM) and any person they may direct was kept informed and given an opportunity to participate in discharge planning. A resident was admitted to the long-term care home with a specific diagnosis. The resident required a certain level of care that affected the homes ability to manage the resident's care in the home. The home had not been informed of the diagnosis until after the resident was admitted, and it was determined the home could not manage the residents care, they would be discharged.
The home did not keep the family informed about the residents discharge. They did not provide an opportunity for the substitute decision maker or family to participate in the discharge planning of the resident.

Sources: Clinical records of the resident, interviews with the Nurse manager and Director of Care.

WRITTEN NOTIFICATION: Resident records

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 274 (b)

Resident records
s. 274. Every licensee of a long-term care home shall ensure that,
(b) the resident's written record is kept up to date at all times.

The licensee failed to ensure that a resident's written record was kept up to date regarding their discharge. The home was not able to manage a residents care, they were to be discharged. The planned discharge for the resident was not noted in their clinical record. No details were documented about the plan. The licensee did not ensure that the resident's written records were kept up to date at all times.

Sources: Clinical record of a resident, interviews with a Nurse Manager and the Director of Care.