

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: May 27, 2026

Inspection Number: 2026-1568-0003

Inspection Type:

Critical Incident

Licensee: City of Hamilton

Long Term Care Home and City: Macassa Lodge, Hamilton

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: May 13 - 15, 19 - 22, and 25 - 27, 2026.

The following intakes were inspected:

- Intake: #00170927 - Critical Incident (CI) - related to the Prevention of Abuse and Neglect.
- Intake: #00170935 - CI - related to the Prevention of Abuse and Neglect.
- Intake: #00171367 - CI - related to the Prevention of Abuse and Neglect.
- Intake: #00172820 - CI - related to the Prevention of Abuse and Neglect.
- Intake: #00173812 - CI - related to Falls Prevention and Management.
- Intake: #00176005 - CI - related to Falls Prevention and Management.
- Intake: #00177456 - CI - related to the Prevention of Abuse and Neglect.

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

Prevention of Abuse and Neglect
Falls Prevention and Management

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INSPECTION RESULTS

COMPLIANCE ORDER CO #001 Licensee must investigate, respond and act

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 27 (1) (b)

Licensee must investigate, respond and act

s. 27 (1) Every licensee of a long-term care home shall ensure that,
(b) appropriate action is taken in response to every such incident; and

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

The licensee shall ensure that appropriate actions are taken in response to incidents of improper treatment, suspected abuse and neglect.

Specifically, the licensee shall:

- 1 Educate all registered staff in the home on the assessment and documentation requirements related to all suspected incidents of abuse, neglect or improper care.
- 2 Ensure that all education provided is documented and records are kept for inspector review, including staff signatures, the dates the education was provided, and copies of the educational materials.
- 3 After the education is complete, conduct an audit to ensure assessments are

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completed for all abuse, neglect and improper care related Critical Incidents for three weeks.

4 Ensure that all audits are documented and records are kept for inspector review, including who completed the audit, the dates the audits were completed, and any actions taken.

Grounds

A) On a day in April 2026, the licensee did not ensure required post-incident assessments were completed following an alleged incident involving neglect of a resident.

During the inspection, staff confirmed the assessments were not completed, and that staff were expected to complete them following such incidents.

The absence of the assessments placed the resident at risk for unidentified changes in condition and unmet care needs.

Sources: Resident's clinical records, zero tolerance of resident abuse and neglect policy, home's internal investigation notes, interviews with resident and staff members.

B) In February 2026, a resident was triggered emotionally during care, however there was no assessment completed and no documentation of the incident in the resident's clinical records.

The DOC acknowledged that the expectation would be an an assessment of the resident with written documentation of the incident and the assessment.

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Not completing the required home's assessment following the alleged abuse/improper treatment put the resident's safety, emotional and physical wellbeing at risk.

Sources: Progress note, assessment, CI investigation notes, interview with DOC.

C) In February 2026, a staff held a resident by the hip forcibly and told them to sit down, however there was no assessment completed and no documentation of the incident in the resident's clinical record.

Not completing the required home's assessment following the alleged abuse put the resident's safety and physical wellbeing at risk.

Sources: Progress note, assessment, CI investigation notes, interview with staff.

This order must be complied with by August 21, 2026

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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

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e-mail: MLTC.AppealsCoordinator@ontario.ca

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:

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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.