

Public Report

Report Issue Date: August 28, 2025

Inspection Number: 2025-1485-0003

Inspection Type:
Critical Incident

Licensee: Belmont House

Long Term Care Home and City: Belmont House, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: August 20-22, 25, 26 and 28, 2025.

The following Critical Incident (CI) intakes were inspected:

Intakes: #00148999/CI #2985-000013-25 and #00150447/CI #2985-000015-25 were related to infection prevention and control.

Intake: #00150009/CI #2985-000014-25 was related to falls prevention and management.

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

Infection Prevention and Control
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.

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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

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

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).

The licensee has failed to ensure the implementation of a standard issued by the Director with respect to infection prevention and control (IPAC).

The home has failed to ensure that there were posted signages at entrances and throughout the home in accordance with the "IPAC Standard for Long Term Care Homes September 2023" (IPAC Standard). On a specific date, signages that listed the signs and symptoms of infectious diseases for self-monitoring as well as steps that must be taken if an infectious disease was suspected or confirmed in any individual were posted at the home's entrances but not throughout the home as required by Additional Screening requirements 11.6 under the IPAC Standard. The signages were observed throughout the home a few days later.

Sources: Observations; and interview with relevant staff.

Date Remedy Implemented: August 25, 2025.

WRITTEN NOTIFICATION: Falls Prevention and Management

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee failed to comply with the home's falls prevention and management program when staff did not complete a specified assessment for a resident that fell.

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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee was required to ensure that written policies developed for the falls prevention and management program were complied with. Specifically, the home's fall prevention and management policy directed the registered staff to complete a specified assessment after the fall of a resident.

A resident had a fall related injury and staff did not complete the specified assessment.

Sources: Resident's clinical records and "Fall Prevention and Management" policy (Volume 2, revised September 2021); and interviews with relevant staff.

WRITTEN NOTIFICATION: Housekeeping

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

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (i)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for, (b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs.

The licensee has failed to ensure that a shared residents' care equipment was disinfected after use.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee was required to ensure that procedures were developed and implemented for cleaning and disinfection of the resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs.

Specifically, a staff member failed to comply with the home's cleaning, disinfection and sterilization policy, which required staff to disinfect shared equipment with home approved disinfectants.

Sources: Observation; home's "Infection Control - Cleaning, Disinfection and Sterilization" policy (revised January 2025); and interviews with relevant staff.

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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

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).

The licensee has failed to ensure that Routine Practices and Additional Precautions were followed in accordance with the IPAC Standard. Specifically, two staff members did not perform hand hygiene before and after resident and their environment contact as required by Additional Requirement 9.1 (b) under the IPAC Standard.

Sources: Observations; and IPAC Standard for Long-Term Care Homes, Revised September 2023.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2).

The licensee has failed to ensure that on every shift, a resident's symptoms indicating the presence of infection were monitored.

The symptoms of infection for a resident on additional precautions were not monitored on every shift as required.

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

**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Sources: Resident's clinical records and Critical Incident System (CIS); and interview with relevant staff.