

Ministry of Long-Term Care

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

Ottawa District

347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Public Report

Report Issue Date: March 21, 2025

Inspection Number: 2025-1385-0003

Inspection Type:

Critical Incident

Licensee: Belcrest Nursing Homes Limited

Long Term Care Home and City: Belmont Long Term Care Facility, Belleville

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 17-20, 2025

The following intake(s) were inspected:

- Intake: #00139899 - CI #2901-000008-25 and Intake: #00141635 - CI #2901-000021-25 - Respiratory outbreak declared.
- Intake: #00140490 - CI #2901-000011-25 - Unexpected death of resident.

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

Resident Care and Support Services
Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Infection prevention and control program

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NC #001 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).

1. In accordance with additional requirement 9.1 (f) under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April, 2022), the licensee has failed to ensure that additional personal protective equipment (PPE) requirements including appropriate selection, application, removal and disposal were followed in the IPAC program. Specifically, during an observation by inspector on March 17, 2025, a Personal Support Worker (PSW) staff on Green Acres Resident Home Area (RHA) did not select or apply eye protection, when entering a resident room that required contact and droplet additional precautions.

2. In accordance with additional requirement 10.4 (d) under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April, 2022), the licensee has failed to ensure that the hand hygiene program also includes policies and procedures that are linked to the overall audit, evaluation, and quality approach for the full IPAC program, and also includes monthly audits of adherence to the four moments of hand hygiene by staff. Specifically, during an interview with DOC, it was confirmed that there is currently no policy or procedure within the LTCH surrounding hand hygiene audits.

Sources: Observations made on Green Acres on March 17, 2025; Review of Infection Prevention Manual; Interview with IPAC Lead and DOC.

**WRITTEN NOTIFICATION: Infection prevention and control
program**

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

Non-compliance with: O. Reg. 246/22, s. 102 (11) (a)

Infection prevention and control program

s. 102 (11) The licensee shall ensure that there are in place,

(a) an outbreak management system for detecting, managing, and controlling infectious disease outbreaks, including defined staff responsibilities, reporting protocols based on requirements under the Health Protection and Promotion Act, communication plans, and protocols for receiving and responding to health alerts; and

The licensee has failed to ensure that the outbreak management system for detecting, managing, and controlling infectious disease outbreaks included communication plans.

Sources: Review of Infection Control Manual; Interview with Director of Care (DOC).

COMPLIANCE ORDER CO #001 CMOH and MOH

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 272

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

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

The licensee shall:

1. Develop a process for communicating recommendations received from the local

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Public Health Unit (PHU) during an outbreak, to all staff.

2. Provide training to all Managers, Supervisors, and staff on the process developed in (1).

3. In the event that an outbreak is declared in the home between the serving date of the licensee report and the time of the next follow up inspection, complete a daily audit of all recommendations received from the local PHU.

(a) Audits are to be completed daily at the onset of the outbreak, until the either outbreak is declared over, or upon inspector returns for follow up inspection, whichever comes first.

(b) Audits should include the date the recommendation was made by the PHU, how the recommendation was communicated to staff, if this recommendation is being followed, as well as corrective actions taken when the recommendation is not followed.

(c) Keep a documented record of the date the audit was completed, the name of who completed the audit, the names of those staff audited, and corrective actions taken.

Grounds

The licensee has failed to ensure that recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act was followed in the home.

In accordance with the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings (April 2024), the Long-Term Care Home (LTCH) must follow any directions of the local PHU and/or Outbreak Management Team (OMT) if there is a suspect or confirmed outbreak in the institution.

Specifically, on March 03, 2025 the LTCH declared an enteric outbreak. At the time the outbreak was declared, the Hastings Prince Edward Public Health Nurse made the recommendation that droplet/contact precautions be used with symptomatic

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residents. During inspector observations on March 17, 2025, it was noted that symptomatic residents were placed on contact precautions. Registered Nursing staff confirmed in an interview, that during the course of the outbreak which began on March 03, 2023, contact precautions were utilized. On March 17th, 2025, the IPAC Lead confirmed in an interview that the point-of-care additional precautions signage for four resident rooms on Green Acres, who displayed symptoms, were incorrect.

Sources: Outbreak Management Binder; e-Correspondence with Public Health Nurse; Observations on Green Acres on March 17, 2025; Interviews with RN, IPAC Lead, and DOC.

This order must be complied with by June 6, 2025

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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
e-mail: MLTC.AppealsCoordinator@ontario.ca

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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

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Director

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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.