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

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

Public Report

Report Issue Date: July 7, 2025
Inspection Number: 2025-1385-0004
Inspection Type: Critical Incident Follow up
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): June 23-27, 2025 and July 2-3, 2025

The following intake(s) were inspected:
Intake: #00143029 - Follow-up #: 1 to Compliance Order (CO) #001, issued March 21, 2025, related to O. Reg. 246/22 - s. 272; implementing recommendations from public health with a compliance due date of June 6, 2025.
Intake: #00143509 - CI# 2901-000027-25- alleged resident to resident physical abuse.
Intake: #00145554 - CI# 2901-000030-25- alleged staff to resident verbal abuse.
Intake: #00147229 - CI# 2901-000033-25- alleged neglect of a resident, by staff.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #001 from Inspection #2025-1385-0003 related to O. Reg. 246/22, s. 272

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

Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty to protect

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 24 (1)
Duty to protect
s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

1. The licensee has failed to protect residents from neglect.

"Neglect" means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

On a specified date in May 2025, a resident was transferred using a specified method of transfer without the assistance of a second staff member and subsequently left unattended and unsupervised attached to the specified method

of transfer. It was suspected that neglect of the resident by a staff member had occurred and was reported to the staff member in charge. The staff member continued to work the remainder of their shift placing the resident and other residents at risk of neglect.

Sources: A review of Critical Incident Report (CIR), Infoline (IL), the home's Abuse Policy, and interviews with a staff member and the Director of Care (DOC).

2. The licensee has failed to protect residents from abuse.

"Verbal abuse" means any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident.

On a specified date in April 2025, a staff member was alleged to have been verbally abusive towards three residents. The staff member was alleged to have been overheard yelling, using an aggressive and demanding tone and being generally rude with these residents. The staff member continued work the remainder of their shift and a shift the following day placing residents at risk at risk of abuse.

Sources: A review of the CIR, IL, residents' progress notes on point click care, the home's Abuse Policy and interviews with a staff member and the DOC.

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

1. The licensee has failed to ensure that when neglect of a resident by a staff member was suspected on a specified date in May 2025, that it was immediately reported to the Director.

Sources: A review of CIR, IL, and interviews with a staff member and the DOC.

2. The licensee has failed to ensure that when verbal abuse of three residents by a staff member was suspected on a specified date in April 2025, that it was immediately reported to the director.

Sources: A review of CIR, IL, residents' progress notes on point click care, and interviews with a staff member and the DOC.

WRITTEN NOTIFICATION: Licensee must comply

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence
s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee failed to comply with Compliance Order (CO) #001, from inspection #2025-1385-0003, served on March 21, 2025, with a compliance due date of June 06, 2025. CO#001 was issued under O. Reg 246/22 s. 272, related to ensuring that the 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.

The following components of the order were not complied with:

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 Public Health Unit (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.

An outbreak was declared on a specified date in April,2025. The outbreak was declared over on a subsequent date in April, 2025. The completed audits identified

recommendations provided by the Public Health Unit were not followed. During interviews with the Director of Care (DOC) it was determined audits were not completed as required.

Sources: CIR; Audits for Public Health Units directions in outbreaks; interviews with DOC

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
Notice of Administrative Monetary Penalty AMP #001
Related to Written Notification NC #003

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $1100.00, to be paid within 30 days from the date of the invoice.
In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:
In the past 36 months, a CO under O.Reg 246/22 s. 272 was issued (2025-1385-0003).

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.
Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 40
Transferring and positioning techniques
s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee has failed to ensure that staff used safe transferring techniques for a resident. On a specified date in May 2025, a resident was transferred using a specified method of transfer by a staff member without the assistance of a second staff member. The staff member subsequently left the resident unattended and unsupervised, attached to the specified method of transfer.

Sources: A review of licensee's Resident Care Manual -Resident Safety - Transfer - Mechanical Policy, and interviews with staff and the DOC.

COMPLIANCE ORDER CO #001 Policy to promote zero tolerance

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 25 (1)
Policy to promote zero tolerance
s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

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

1. Review and revise the home's Abuse Policy to ensure it contains clear direction to staff, on the procedures and interventions to assess, assist and support residents who have been abused or neglected or allegedly abused or neglected.

2. Conduct education on the home's revised Abuse Policy, with all staff.
For specified staff members complete in person education with focus on the requirements for mandatory reporting, and the internal procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents.

3. Develop and implement a process for ensuring that when abuse or neglect is reported, that it it is reported immediately, and the appropriate procedures and interventions are followed as outlined in the revised policy in (1). The process should include corrective actions issued to staff who do not comply with the policy (1). Maintain written a record of the requirements under (2) (3) and (4). Documentation of

education shall include the names of the staff, their designation, and date training was provided and a copy of training materials and documents utilized.

Grounds

1. The licensee has failed to ensure the their written Abuse policy to promote zero tolerance of abuse and neglect of residents was complied with.

The licensee's abuse policy defines neglect as failure to provide a resident with the treatment, care, services, or assistance required for health, safety, or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety, or well-being of one or more residents. Examples of these are: Abandoning a resident, or withholding food and health services, deliberately failing to give a dependent person what they need.

On a specified date in May 2025, a resident was transferred using a specified method of transfer without the assistance of a second staff member and subsequently left unattended and unsupervised attached to the specified method of transfer. It was suspected that neglect of the resident by a staff member had occurred.

Specifically, staff did not comply with the with the following procedures within the licensee's abuse Policy: The unit nurse will assess the victim for injury (head to toe assessment) and mental condition; Any residents involved will be assessed for three days post incident for bruising or other injuries, including psychological; The witness must ensure safety of the alleged victim by separating the assailant from the victim and reporting the incident immediately to the unit nurse. If the assailant is on duty, he/she must be sent home on investigatory leave; If there is reasonable grounds to suspect abuse has occurred the Assistant Director of Care or the RN Charge Nurse

(after business hours) is to be contacted immediately. If after business hours the RN Charge is to contact the on-call manager.

Sources: IL, CIR, resident progress notes on point click care, the licensee's Abuse Policy, and interviews with staff and the DOC.

2. The licensee has failed to ensure their written Abuse policy to promote zero tolerance of abuse and neglect of residents was complied with.

The licensee's Abuse policy defines Verbal Abuse as any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident; or Any form of verbal communication of a threatening or intimidating nature made by a resident that leads another resident to fear for his or her safety where the resident making the communication understands and appreciates its consequences.

On a specified date in April 2025, staff reported to the staff member in charge that a staff member was alleged to have been verbally abusive as they were overheard yelling, using an aggressive and demanding tone and being generally rude towards three residents.

Specifically, staff did not comply with the with the following procedures within the licensee's abuse Policy: The unit nurse will assess the victim for injury (head to toe assessment) and mental condition; Any residents involved will be assessed for three days post incident for bruising or other injuries, including psychological; The witness must ensure safety of the alleged victim by separating the assailant from the victim and reporting the incident immediately to the unit nurse. If the assailant is on duty,

he/she must be sent home on investigatory leave; If there is reasonable grounds to suspect abuse has occurred the Assistant Director of Care or the RN Charge Nurse (after business hours) is to be contacted immediately. If after business hours the RN Charge is to contact the on-call manager;

Sources: CIR, IL, residents' progress notes on point click care, the home's Abuse Policy, and interviews with a staff member, the DOC, and the Administrator.

3. The licensee has failed to ensure that their written Abuse policy related to zero tolerance of abuse and neglect of residents was complied with.

The licensee's Abuse Policy defines physical abuse as the use of physical force by a person against a person that is contrary to the person's health, safety or well-being. This may include, but is not limited to, slapping, pushing, misuse of a restraint.

An unwitnessed incident occurred on a specified date in March 2025, between two residents. A resident reported to staff that they were hit by the other resident and sustained injuries as a result of this incident.

Specifically, staff did not comply with the following procedures within licensee's Abuse Policy: The unit nurse will assess the victim for injury (head to toe assessment) and mental condition; Any residents involved will be assessed for three days post incident for bruising or other injuries, including psychological. DOC confirmed the Abuse Policy provides unclear direction to staff on which assessments are to be completed, and confirmed no assessments were completed on either residents following this incident.

Sources: Physical chart for a resident; progress notes for residents'; assessment history for residents', the home's Abuse Policy; Head Injury Routine Policy; Interview

with a staff member and the DOC.

This order must be complied with by **September 19, 2025**

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

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
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.