

**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**

<b>Report Issue Date:</b> October 6, 2025
<b>Inspection Number:</b> 2025-1385-0005
<b>Inspection Type:</b> Critical Incident Follow up
<b>Licensee:</b> Belcrest Nursing Homes Limited
<b>Long Term Care Home and City:</b> Belmont Long Term Care Facility, Belleville

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): September 29, 2025 and October 1-3, 2025

The following intake(s) were inspected:

- Intake: #00151942 - Follow-up #: 2 - 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: #00151943 - Follow-up #: 1 - to Compliance Order (CO) #001 issued July 7, 2025, related to FLTCA, 2021 - s. 25 (1); implementing the Abuse Policy with compliance due date of Sept 19, 2025.
- Intake: #00157583 -CI #2901-000052-25 - Alleged improper/Incompetent care of resident by staff.

**Previously Issued Compliance Order(s)**

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The following previously issued Compliance Order(s) were found to be in compliance:

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

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

Order #001 from Inspection #2025-1385-0004 related to FLTCA, 2021, s. 25 (1)

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

Infection Prevention and Control  
Prevention of Abuse and Neglect

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Licensee must comply

NC #001 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 #2025-1385-0004, served on July 7, 2025, with a compliance due date of September 19, 2025. CO#001 was issued under FLTCA, 2021, s. 25 (1), related to the Long-Term Care Home's (LTCH) abuse policy, not being complied.

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The following components of the order were not complied with:

1. Review and revise the home's Abuse Policy - ADM VI 06 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.
3. 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.
4. Develop and implement a process for ensuring that when abuse or neglect is reported, that 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).
5. 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.

Interviews with staff confirmed the Abuse Policy provides unclear direction in relation to the frequency and duration that assessments are to be completed following incidents of suspected abuse or neglect. Contents of the education provided to specified staff members, related to mandatory reporting, was confirmed to be from a memorandum dated February 12, 2015, from the Director, in relation to legislative reference that is no longer applicable. it was also confirmed in e-Correspondence, that there was no process developed, or implemented, for ensuring that when abuse or neglect is reported, that it is reported immediately, and the appropriate procedures and interventions are followed as outlined in the revised abuse policy dated June, 2025.

**Sources:** Abuse Policy Index I.D. ADM-VI-06 (June, 2025); Written record of

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education provided; e-Correspondence dated October 01, 2025; Interviews with several staff.

**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 #001**

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, under FLTCA, 2021 s.25 (1); a CO (2025-1385-0003) and two WN's (2022-1385-0001, 2023-1385-0006) have been issued.

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

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(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.

## NOTICE OF RE-INSPECTION FEE

Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021, the licensee is subject to a re-inspection fee of \$500.00 to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

Follow-up #02 - CO #001 / 2025\_1385\_0004, O.Reg 246/22 - s. 272 in relation to implementing the recommendations received by Public Health, CDD June 6, 2025, RIF \$500

Licensees must not pay a Re-Inspection Fee 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 Re-Inspection Fee.