

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: November 26, 2025

Inspection Number: 2025-1385-0006

Inspection Type:

Complaint
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): November 20, 21, 24-26, 2025

The following intake(s) were inspected:

- Intake: #00159590 - Follow-up #: 2 - FLTCA, 2021 - s. 25 (1)- CDD Sept 19, 2025.
- Intake: #00160398 - Complaint with concerns regarding the care of a resident.
- Intake: #00160962 - CI #2901-000072-25 - Alleged improper/incompetent treatment of a resident.

Previously Issued Compliance Order(s)

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

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

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

Prevention of Abuse and Neglect
Palliative Care

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 #2024-1385-0004, 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.

The following components of the order were not complied with:

2. Conduct education on the home's revised Abuse Policy, with all staff.
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. The process should include corrective actions issued to staff who do not comply with the policy.
5. Maintain a written record of the requirements under (2) and (4). Documentation of education shall include the names of the staff, their designation, and date training

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was provided and a copy of training materials and documents utilized.

Records of the education for all staff, in relation to the Abuse Policy were reviewed. Within these records, there were four pages of staff names that did not include the date education was provided, or designations. It was also noted that 105 staff out of 204 staff did not receive the required education. Director of Care (DOC) confirmed the process that was developed addressed pre-screening for abuse, however it did not include a process to ensure 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.

Sources: Abuse Policy Index I.D. ADM-VI-06 (October, 2025); Written record of education provided; Belmont Abuse Screening Auditing Tool, Interview 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 #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$2200.00, 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

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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 second 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.

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, FLTCA, 2021 s. 25 (1) in relation to the abuse policy, CDD September 19, 2025, RIF \$500

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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.