

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

North District  
159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

## Public Report

|                                                                           |
|---------------------------------------------------------------------------|
| <b>Report Issue Date:</b> September 10, 2025                              |
| <b>Inspection Number:</b> 2025-1530-0005                                  |
| <b>Inspection Type:</b><br>Follow up                                      |
| <b>Licensee:</b> Board of Management for the District of Parry Sound West |
| <b>Long Term Care Home and City:</b> Belvedere Heights, Parry Sound       |

## INSPECTION SUMMARY

The inspection occurred offsite on the following date(s): September 8-9, 2025.

The following intake(s) were inspected:

- Follow-up #: 1 - O. Reg. 246/22 - s. 58 (4) - CDD August 26, 2025.

## Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1530-0004 related to O. Reg. 246/22, s. 58 (4).

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

Responsive Behaviours

## 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

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subject.

The licensee has failed to comply with order #001 from report #2025-1530-0004, with a compliance due date (CDD) of August 26, 2025, related to Ontario Regulation (O. Reg) 246/22 - s. 58 (4) related to responsive behaviour management, specifically one-to-one monitoring and processes.

The following components of the order were not complied:

- a) Review and revise the home's one-to-one monitoring process to have ensure that one-to-one monitoring was implemented as required. The revised process was to include details on how breaks would be covered to ensure no interruption of one-to-one monitoring by dedicated staff members.
- b) Ensure all personal support and registered staff were educated on the home's revised one-to-one monitoring process.
- c) Develop and implemented a weekly auditing process to ensure that one-to-one observation sheets were completed for the entire duration a resident had one-to-one monitoring implemented and that all the observation sheets were filed in the resident's health care records. The auditing process was to also ensure that the Dementia Observation System (DOS) data collection sheets were fully completed anytime they were implemented and that the Point of Care (POC) and electronic Task Administration Record (eTAR) tasks for the completion of DOS charting were accurately documented.
- d) Conduct the auditing process for a minimum of four weeks or longer if concerns were identified and to have taken corrective action for any deficiencies identified through the auditing process.
- e) Maintain a record of everything required under sections a) through d).

**Sources:** Email communication with the home; and, interviews with 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

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**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:**

Prior NC with O.Reg 246/22 s. 58 (4), resulting in CO #001 in Inspection #2025-1530-0004, issued on July 31, 2025.

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.



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

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