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

North District
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Public Report

Report Issue Date: December 12, 2025
Inspection Number: 2025-1530-0008
Inspection Type:
Critical Incident
Follow up

Licensee: Board of Management for the District of Parry Sound West
Long Term Care Home and City: Belvedere Heights, Parry Sound

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 8-12, 2025.

The following intake(s) were inspected:
- Six Intakes, related to allegations of abuse/neglect towards residents by staff; and
- One intake, regarding follow-up for compliance order (CO), related to safe lift and transfers.

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1530-0007 related to O. Reg. 246/22, s. 40.

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

Resident Care and Support Services
Prevention of Abuse and Neglect
Restraints/Personal Assistance Services Devices (PASD) Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Residents' Bill of Rights

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 3 (1) 1.
Residents' Bill of Rights
s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.

When completing care on a resident, a Personal Support Worker (PSW) was observed to speak and treat the resident in an inappropriate manner.

Sources: CI report; a resident's health care records; the homes; internal investigation notes; and interviews with a resident, direct care and registered staff, and the Director of Care (DOC).

WRITTEN NOTIFICATION: Plan of care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

A resident indicated that a specific activity of daily living (ADL) had not been completed by staff on an identified shift as per their plan of care.

Sources: A resident's electronic health records; Internal investigation notes; interviews with the DOC and other staff.

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 1.
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:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

There had been allegations of abuse towards two residents on separate dates, and the Director was not notified immediately.

Sources: Two CI reports; residents health care records; the home's internal investigation notes; and interviews with residents, direct care and registered staff, and the DOC.

WRITTEN NOTIFICATION: Minimizing of Restraining

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 34 (1) 1.
Protection from certain restraining
s. 34 (1) Every licensee of a long-term care home shall ensure that no resident of the home is:
1. Restrained, in any way, for the convenience of the licensee or staff.

On an identified date, a resident was restrained with a prohibited device by staff.

Sources: A resident's electronic health files; Internal investigation notes; Interview with the DOC.

WRITTEN NOTIFICATION: Continence care and bowel management

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 56 (2) (c)
Continence care and bowel management
s. 56 (2) Every licensee of a long-term care home shall ensure that,
(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

A resident required a specified level of assistance for an ADL from staff. The resident identified that on an identified date the staff did not provide the assistance they needed.

Sources: CI report; a resident's health care records; the home's internal investigation notes; staffs personnel file; and interviews with direct care and registered staff, and the DOC.

WRITTEN NOTIFICATION: Continence care and bowel management

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 56 (2) (d)
Continence care and bowel management
s. 56 (2) Every licensee of a long-term care home shall ensure that,
(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;

A resident did not receive the assistance and support they required for continence care, as indicated in their plan of care.

Sources: A resident's assessments, care plan and progress notes. Interview with direct care and registered staff, and the DOC.