

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

Report Issue Date: March 12, 2026
Inspection Number: 2026-1530-0002
Inspection Type: Complaint Critical Incident
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 dates: March 2-5, 2026
The inspection occurred offsite on the following date: March 6, 2026

The following intakes were inspected:

- One intake and one complaint regarding a fall of a resident resulting in injury.
- One intake regarding neglect of resident by staff.

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

Resident Care and Support Services
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (4) (b)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

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(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

Staff and others did not collaborate in the development and implementation of a resident's plan of care so that different aspects of care were included.

Sources: A resident's electronic health record, and an interview with 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.

Staff did not provide the care outlined in a resident's plan of care when they did not attend to the resident's identified personal care needs.

Sources: A Critical Incident Submission (CIS) report, and a resident's electronic health record; and interviews with the Director of Operations and Compliance and the DOC.

WRITTEN NOTIFICATION: Training

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 82 (2)

Training

s. 82 (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

1. The Residents' Bill of Rights.
2. The long-term care home's mission statement.
3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
4. The duty under section 28 to make mandatory reports.
5. The protections afforded by section 30.
6. The long-term care home's policy to minimize the restraining of residents.

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7. Fire prevention and safety.
8. Emergency and evacuation procedures.
9. Infection prevention and control.
10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
11. Any other areas provided for in the regulations.

A staff was hired into a direct care position. The home could not provide documentation confirming that the staff had completed the required training before assuming their responsibilities.

Sources: The hiring and training records for a staff, and interviews with the DOC and the Director of Operations and Compliance.

COMPLIANCE ORDER CO #001 Falls prevention and management

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

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

- 1) Ensure the specified staff reviews all components of the home's Falls Prevention Program.
- 2) Develop a written plan that details how the home will ensure that the specified staff will demonstrate competency in required falls-related assessments and interventions.
- 3) Maintain written records of all activities related to Sections 1 and 2.

Grounds

In accordance with O. Reg 246/22 s.11. (1) b, the licensee is required to ensure that

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there is a falls prevention and management program in place and that it is complied with.

Specifically, staff did not comply with the home's policies for falls prevention and management or transfer strategies to decrease injury during a fall.

Sources: CIS report, the home's policies for falls prevention and management, a resident's electronic health record, and training records for staff; and interviews with the DOC, the Director of Operations and Compliance, and other staff.

This order must be complied with by May 1, 2026

COMPLIANCE ORDER CO #002 Pain management

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 57 (1)

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

1. Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired.
2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.
3. Comfort care measures.
4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

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

- 1) Conduct a documented review of the home's pain management program, including all assessment, management, and evaluation tools. Update the program based on review findings and ensure it includes clear timelines for completing assessments. Maintain a record of all revisions, including dates and names of individuals involved.
- 2) Develop and implement a written action plan outlining how the home will ensure all residents receive care according to the updated pain management program and its required timelines. Include a process for re-educating registered staff on the program revisions.

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Grounds

In accordance with O. Reg 246/22 s.11. (1) b, the licensee is required to ensure that there is pain management program in place and that it is complied with.

Specifically, staff did not comply with the home's Pain Management Program which required the use of designated pain tools when assessing and re-assessing a resident's pain and documentation of interventions implemented.

Sources: A resident's health records, and the home's pain management program policy; and interviews with the DOC, the Director of Operations and Compliance, and other staff.

This order must be complied with by May 1, 2026

COMPLIANCE ORDER CO #003 Palliative care

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 61 (1)

Palliative care

s. 61 (1) Every licensee of a long-term care home shall ensure that a resident's palliative care needs are met in accordance with this section.

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

- 1) Conduct a documented review of the home's palliative care program with input from specified individuals. Ensure that the program includes clear timelines for the required assessments. Maintain a record of all revisions, including dates and names of those involved.
- 2) Based on the review, develop and implement a written action plan outlining how the home will ensure residents who are at end of life receive the appropriate interdisciplinary assessments that address the specified palliative care needs.
- 3) Provide education on the action plan to all specified individuals and groups. Keep written training records that include the date, time, content, trainer names, and participant signatures.

Grounds

Staff did not ensure that a resident's palliative care needs were met in accordance with

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Ontario Regulation 246/22 s. 61 (1) when they did not complete the required palliative care assessments, did not implement consistent interventions to meet the resident's palliative care needs, and did not always document on the required tools.

Sources: CIS report, a resident's health records, and the home's palliative care program; and an interview with the Director of Operations and Compliance.

This order must be complied with by May 1, 2026

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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
e-mail: MLTC.AppealsCoordinator@ontario.ca

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

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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.



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

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