

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: February 5, 2026

Inspection Number: 2026-1530-0001

Inspection Type:
Proactive Compliance Inspection

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): January 26-30, 2026

The following intake was inspected:

- Proactive Compliance Inspection

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Residents' and Family Councils
- Food, Nutrition and Hydration
- Medication Management
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Quality Improvement
- Staffing, Training and Care Standards
- Residents' Rights and Choices
- Pain Management

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Documentation

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

Non-compliance with: FLTCA, 2021, s. 43 (5)

Resident and Family/Caregiver Experience Survey

s. 43 (5) The licensee shall ensure that,

- (a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (4);
- (b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any;
- (c) the documentation required by clauses (a) and (b) is made available to residents and their families; and
- (d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part X.

The home was unable to provide documentation or information pertaining to the resident and family caregiver experience survey. A written record of when the survey was taken was not available and the home did not seek the advice of the Resident and Family Councils in carrying out or acting upon the survey.

Sources: Review of Resident and Family Council meeting minutes, quality initiative report; and interview with the Administrator.

WRITTEN NOTIFICATION: General Requirements for Programs

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 34 (1) 3.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

3. The program must be evaluated and updated at least annually in accordance with

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evidence-based practices and, if there are none, in accordance with prevailing practices.

There was no annual evaluation of the Pain Management Program completed.

Sources: The home's Annual Evaluation Form, Pain Committee Review; interviews with the DOC, and Administrator.

There was no annual evaluation of the Skin and Wound Program completed.

Sources: Skin and wound program evaluation form, interviews with the DOC, and Administrator.

WRITTEN NOTIFICATION: Nursing and personal support services

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

Non-compliance with: O. Reg. 246/22, s. 35 (4)

Nursing and personal support services

s. 35 (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The annual evaluation of the home's Staffing plan, did not include a summary of changes made and the date that the changes were implemented.

Sources: The home's annual Staffing Plan evaluation; interview with the DOC.

WRITTEN NOTIFICATION: Skin and Wound Care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(iv) is reassessed at least weekly by an authorized person described in subsection

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(2.1), if clinically indicated;

A specific number of residents did not receive a wound assessment for monitored skin integrity concerns on a consistent weekly schedule.

Sources: Resident health records, and interviews with staff

WRITTEN NOTIFICATION: Menu Planning

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 77 (2)

Menu planning

s. 77 (2) The licensee shall ensure that, prior to being in effect, each menu cycle,

- (a) is reviewed by the Residents' Council for the home;
- (b) is evaluated by, at a minimum, the nutrition manager and registered dietitian who are members of the staff of the home; and
- (c) is approved for nutritional adequacy by a registered dietitian who is a member of the staff of the home, and who must take into consideration,
 - (i) subsection (1),
 - (ii) the residents' preferences, and
 - (iii) current Dietary Reference Intakes (DRIs) relevant to the resident population. O. Reg. 246/22, s. 390 (1).

A menu evaluation was not completed prior to implementation, that included review by the Registered Dietitian and Resident's council.

Sources: Interview with the Dietary Manager and review of the menu cycle evaluation

WRITTEN NOTIFICATION: Continuous quality improvement committee

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NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (1)

Continuous quality improvement committee

s. 166 (1) Every licensee of a long-term care home shall establish a continuous quality improvement committee.

The home was unable to provide documentation that a continuous quality committee was active in the home.

Sources: Quality improvement records; and interview with the Administrator.

COMPLIANCE ORDER CO #001 Food Production

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 78 (2) (a)

Food production

s. 78 (2) The food production system must, at a minimum, provide for,

(a) a 24-hour supply of perishable and a three-day supply of non-perishable foods;

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

The licensee shall:

A) Conduct a documented review of the home's process for maintaining an emergency food supply, including but not limited to the process for monitoring and maintaining documentation of the food supply, as well a process for replenishing expired or missing items. Based on the outcome of the review, implement corrective action to address any deficiencies identified.

Grounds

Upon observation of the emergency food supply storage, inspectors confirmed the home did not have the required emergency supply of non-perishable food items on site at the time of inspection.

Sources: Observation of emergency food supply storage, Interviews with dietary manager and program manager

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This order must be complied with by March 13, 2026

This compliance order is also considered a written notification and is being referred to the Director for further action by the Director.

COMPLIANCE ORDER CO #002 Bathing

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 37 (1)

Bathing

s. 37 (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

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

The licensee shall:

- A) Conduct a review of the home's bathing process including but not limited to documentation, monitoring, and addressing any missed baths. Based on the outcome of the review, implement corrective action to address any deficiencies identified.
- B) Re-train all direct care staff on the home's bathing process, including any revisions implemented in Part A) of this order. Maintain record of the content of the education as well as the date it was provided, attendance, and sign-off.
- C) Develop a plan for conducting regular ongoing audits across all home areas, to ensure that all residents in the home are provided with their preferred choice of bathing at a minimum, twice weekly.
- D) Documentation of all components requested in Part A) through C) of this order must be maintained.

Grounds

Resident baths were not being completed at the required frequency and significant gaps in documentation were identified.



**Inspection Report Under the
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Sources: Resident health records for residents, Bath Logs, and interviews with resident, staff and administrator

This order must be complied with by March 13, 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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