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

Public Report

Report Issue Date: April 21, 2026
Inspection Number: 2026-1530-0003
Inspection Type: Complaint 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): April 13 - 16, 2026
The following intake(s) were inspected:
An intake related to a follow-up for a compliance order (CO) related to bathing;
An intake related to a follow-up for a CO related to food production;
An intake related to a critical incident (CI) regarding neglect of a resident;
An intake related to a complaint regarding the care of a resident; and
An intake related to a CI regarding the care of a resident.

Previously Issued Compliance Order(s)

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

Order #002 from Inspection #2026-1530-0001 related to O. Reg. 246/22, s. 37 (1)
Order #001 from Inspection #2026-1530-0001 related to O. Reg. 246/22, s. 78 (2) (a)

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

Resident Care and Support Services
Food, Nutrition and Hydration
Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: Integration of assessments, 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,
(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 did not collaborate in relation to the required aspects of care for a resident, which resulted in a delay of treatment.

Sources: a resident's progress notes, electronic medication and treatment records, physician orders, and interviews with staff.

WRITTEN NOTIFICATION: Plan of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (5)
Plan of care
s. 6 (5) The licensee shall ensure that the resident, the resident’s substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident’s plan of care.

A) The substitute decision maker (SDM) for a resident was not made aware of the reason for which they required a certain intervention.

Sources: a resident's clinical record and interviews with staff.

B) The SDM for a resident was not notified by staff when they received an order for a certain intervention.

Sources: a resident's clinical records and interviews with staff.

WRITTEN NOTIFICATION: Documentation

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 1.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

Staff did not document the physician orders for a specific intervention on two occasions.

Sources: a resident's progress notes, electronic medication and treatment records, physician orders, and interviews with staff.

WRITTEN NOTIFICATION: General requirements

NC #004 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 evidence-based practices and, if there are none, in accordance with prevailing practices.

There was no evidence to support the annual evaluation of the Continence Care and Bowel Management program for 2025.

Sources: Interviews with staff.

WRITTEN NOTIFICATION: Reports : Critical Incidents

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 115 (5) 1.
Reports re critical incidents

s. 115 (5) A licensee who is required to inform the Director of an incident under subsection (1), (3) or (4) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:
1. A description of the incident, including the type of incident, the area or location of the incident, the date and time of the incident and the events leading up to the incident.

The home submitted a Critical Incident (CI) report regarding an allegation of neglect. The Director requested an amendment by a certain date, but the home did not submit the amendment until by the requested date.

Sources: a CI and the home's notes.