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

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Public Report

Report Issue Date: November 18, 2025
Inspection Number: 2025-1240-0004
Inspection Type: Proactive Compliance Inspection
Licensee: Genesis Gardens Inc.
Long Term Care Home and City: Foyer St-Viateur Nursing Home, Limoges

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 13, 14, 17, 18, 2025

The following intake(s) were inspected:

- Intake: #00162484 - Pro-active Compliance Inspection

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

Skin and Wound Prevention and Management
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Restraints/Personal Assistance Services Devices (PASD) Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Skin and wound care

NC #001 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 (2.1), if clinically indicated;

Weekly skin assessments were reviewed for two residents for the period of September to November 2025. Skin assessment were not completed weekly a couple of times in September and October 2025.
Sources: Weekly assessments and interview with DOC and Skin and Wound Care Lead.

WRITTEN NOTIFICATION: Reports re critical incidents

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 115 (1) 5.
Reports re critical incidents
s. 115 (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (5):
5. An outbreak of a disease of public health significance or communicable disease as defined in the Health Protection and Promotion Act.

During an interview with the Infection Prevention and Control (IPAC) Lead, it was identified that an outbreak was declared by Public Health in October 2025 and was not reported to the Director.
Sources: IPAC Lead

WRITTEN NOTIFICATION: Requirements relating to restraining by a physical device

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 119 (7) 6.
Requirements relating to restraining by a physical device
s. 119 (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 35 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:
6. All assessment, reassessment and monitoring, including the resident's response.

The monitoring of a physical device to restrain two residents, was not documented in Point of Care (POC) on multiple days in October and November 2025. Specific to the use of a safety device when the resident is sitting in their wheelchair.

Sources: Residents' health records; Home's policy on restraints, interview with PSWs, RN and DOC.