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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Public Report

Report Issue Date: August 20, 2025

Inspection Number: 2025-1148-0004

Inspection Type:
Critical Incident

Licensee: Sherwood Park Manor

Long Term Care Home and City: Sherwood Park Manor, Brockville

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 5, 6, 7, 8, 11, 13, 14, 18, 19, 20, 2025

The following intake(s) were inspected:

Intake: #00151391 -2640-000023-25 – related to a fall of a resident, resulting in injuries.
Intake: #00151618 -2640-000024-25 – related to a resident's responsive behaviours.
Intake: #00152743 -2640-000026-25 – related to a fall of a resident, resulting in injuries.
Intake: #00153455 -2640-000027-25 – related to a resident's responsive behaviours.
Intake: #00154098 -2640-000030-25 – related to alleged verbal abuse of a resident by staff.
Intake: #00154299 - 2640-000031-25 – related to alleged resident to resident physical abuse.
Intake: #00154796 - 2640-000032-25 – related to alleged emotional abuse of a resident by staff.

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Intake: #00154849 -2640-000033-25 – related to alleged resident to resident physical abuse.
Intake: #00154893 - 2640-000034-25 – related to alleged resident to resident physical abuse.

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

Prevention of Abuse and Neglect
Responsive Behaviours
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Licensee Must Investigate, Respond and Act

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

Non-compliance with: FLTCA, 2021, s. 27 (1)

Licensee must investigate, respond and act

s. 27 (1) Every licensee of a long-term care home shall ensure that,

(a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:

(i) abuse of a resident by anyone,

(ii) neglect of a resident by the licensee or staff, or

(iii) anything else provided for in the regulations;

(b) appropriate action is taken in response to every such incident; and

(c) any requirements that are provided for in the regulations for investigating and responding as required under clauses (a) and (b) are complied with.

The licensee has failed to ensure that the allegation of physical and verbal abuse of a resident by a staff member that occurred on a specific date was immediately investigated, with appropriate actions taken to respond to the incident.

Sources: Residents' health care records and interviews with staff.

WRITTEN NOTIFICATION: Reporting Certain Matters to the Director

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
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:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

A.The licensee has failed to immediately report to the Director the allegation of verbal abuse of a resident by a staff member that occurred on a specified date.

Sources: Resident's health care records, interviews with staff

B.The licensee has failed to immediately report to the Director the allegation of verbal and physical abuse of a resident by a staff member that occurred on a specified date.

Sources: Resident's health care records and interviews with staff.

WRITTEN NOTIFICATION: Skin and wound care

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

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

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(e) a resident exhibiting a skin condition that is likely to require or respond to nutrition intervention, such as pressure injuries, foot ulcers, surgical wounds, burns or a worsening skin condition, is assessed by a registered dietitian who is a member of the staff of the home, and that any changes the registered dietitian recommends to the resident's plan of care relating to nutrition and hydration are implemented. O. Reg. 246/22, s. 55 (2); O. Reg. 66/23, s. 12.

The licensee has failed to ensure that a resident was reassessed by a registered dietitian after returning from the hospital with a skin impairment.

Sources: Residents' health care records and interviews with staff.

WRITTEN NOTIFICATION: Responsive behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (1) 3.

Responsive behaviours

s. 58 (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:

3. Resident monitoring and internal reporting protocols.

The licensee has failed to ensure staff compliance with the home's responsive behaviour policy regarding resident monitoring and reporting protocols by not completing referrals to the Behavioural Supports Ontario (BSO) team for a resident exhibiting responsive behaviours.

Under O. Reg. 246/22, s. 11 (1) (b), the licensee is required to develop and enforce resident monitoring and internal reporting protocols to address the needs of residents with responsive behaviours.

Specifically, staff failed to complete and submit referrals to the BSO team following multiple incidents involving a resident with responsive behaviours.

Sources: Resident's health care records, LTCH policy titled "Responsive Behaviours – Prevention and Screening Protocols and interviews with staff.

WRITTEN NOTIFICATION: Responsive behaviours

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (a)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(a) the behavioural triggers for the resident are identified, where possible;

The licensee has failed to ensure that the resident's behavioural triggers were identified when the resident exhibited responsive behaviours.

Sources: Resident's health care records and interviews with staff.

WRITTEN NOTIFICATION: Responsive behaviours

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(b) strategies are developed and implemented to respond to these behaviours, where possible; and

The licensee has failed to ensure that strategies were developed and implemented in response to the resident's new responsive behaviours, as confirmed by staff.

Sources: Residents' health care records, interviews with staff

WRITTEN NOTIFICATION: Responsive behaviours

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee has failed to ensure that behaviour monitoring assessments were documented as required for a resident exhibiting responsive behaviours.

Specifically, the every fifteen-minute monitoring was initiated on a specified date; however, on three identified dates within a specific month, no documentation was completed during the evening and night shifts.

Sources: Residents' health care records and interviews with staff

COMPLIANCE ORDER CO #001 Duty to Protect

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

Non-compliance with: FLTCA, 2021, s. 24 (1)
Duty to protect
s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

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

1. Provide training to staff members on physical and verbal abuse as per legislative definition and actions to be taken, such as immediate interventions to protect residents when information is known that meets the definition.
2. Keep a written record of this training that shall include a copy of the training provided to staff members, the date and time of the training, the name of the person who provided the training and must be kept until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

Grounds

Section 2 of the Ontario Regulation 246/22 defines verbal abuse as any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident and physical abuse as the use of physical force by anyone other than a resident that causes physical injury or pain, administering or withholding a drug for an inappropriate purpose, or the use of physical force by a resident that causes physical injury to another resident.

The licensee has failed to protect residents from verbal abuse by a staff member.

Specifically, on a specified date and time, multiple staff members witnessed a staff member verbally and physically abusing a resident, but did not report the incident immediately, allowing the staff member to remain in the resident care area. Later that same day, the same staff member was again observed by another staff member verbally abusing a different resident.

Sources: Residents ' health care records, the Zero Tolerance of Abuse and Neglect policy and interviews with staff

This order must be complied with by September 26, 2025

COMPLIANCE ORDER CO #002 Policy to Promote Zero Tolerance

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

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

The licensee shall:

1) Review and evaluate the effectiveness of the licensee's current zero tolerance of abuse and neglect policy, specifically related to abuse definitions and immediate reporting requirements. Keep a written record of the evaluation.

2) Provide education to staff members on the licensee's zero tolerance of abuse and neglect policy, including the definitions of abuse and immediate reporting requirements. Maintain a written record of the names of staff members who

received the training, including the date the training was provided.

Grounds

A) The licensee has failed to ensure adherence to the home's Zero Tolerance of Abuse and Neglect policy. Specifically, on a specified date, a staff member did not immediately report an allegation of verbal abuse of a resident by another staff member to the charge nurse, as required by the policy.

Sources: Resident's health care records, Zero Tolerance of Abuse and Neglect policy and interviews with staff.

B) The licensee has failed to ensure compliance with the home's Zero Tolerance of Abuse and Neglect policy. Specifically, on a specified date, staff members did not immediately report an allegation of verbal and physical abuse of a resident by another staff member to the charge nurse, as required by the policy.

Sources: Resident's health care records, Zero Tolerance of Abuse and Neglect policy, and interviews with staff.

This order must be complied with by October 31, 2025

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

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

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.