

Ministry of Long-Term Care  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

London District  
130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

## Public Report

<b>Report Issue Date:</b> February 25, 2026
<b>Inspection Number:</b> 2026-1586-0002
<b>Inspection Type:</b> Complaint Critical Incident
<b>Licensee:</b> The Corporation of the County of Essex
<b>Long Term Care Home and City:</b> Sun Parlor Home for Senior Citizens, Leamington

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 9, 10, 11, 12, 13, 18, 19, 20, 23, 24, 25, 2026

The following intake(s) were inspected:

- M579-000006-26 - Fall of resident resulting in an injury.
- Intake #00169657 - Complaint regarding alleged abuse to resident and accommodation concerns.

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

Infection Prevention and Control  
Prevention of Abuse and Neglect  
Responsive Behaviours  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Home to be safe, secure environment

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

**Non-compliance with: FLTCA, 2021, s. 5**

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Home to be safe, secure environment

s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

The home's policy states that recreational substances, including alcohol, will be stored in a secure area at all times. Staff had indicated that a resident stores a recreational substance in their room, accessible to other residents residing in the long-term care home.

Sources: Recreational substance policy and interview with staff.

### **WRITTEN NOTIFICATION: Based on assessment of resident**

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

#### **Non-compliance with: FLTCA, 2021, s. 6 (2)**

Plan of care

s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

A review of a resident's care plan indicated that specific triggers can cause an increase in expressions. The home's policy states that the staff will monitor the resident and their triggers. The resident care plan did not reflect their needs and preferences or indicate monitoring of their triggers for increased expressions.

Sources: Recreational substance policy, care plan and interview with staff.

### **WRITTEN NOTIFICATION: Policy to promote zero tolerance**

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

#### **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 home received a letter alleging resident to resident abuse with concerns over a

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period of months. Per the home's Prevention of Abuse and Neglect of a Resident policy for each allegation the registered staff were required to assess the resident and complete required documentation. Through interviews conducted it was confirmed that staff reported allegations to registered staff. The home's investigation into the allegation determined that there was no documentation on incidences reported to support the allegations of abuse or that their policy was complied with.

Sources: Staff interview and Prevention of Abuse and Neglect of a Resident policy.

### **WRITTEN NOTIFICATION: Infection prevention and control program**

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

#### **Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee did not ensure that a standard issued by the Director with respect to infection prevention and control was complied with.

In accordance with additional requirement 5.7 under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (revised September 2023), the licensee did not ensure there were two people residing in a semi private room.

Sources: Observation and interview with staff.