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 14, 2025
Inspection Number: 2025-1065-0003
Inspection Type: Critical Incident
Licensee: Trent Valley Lodge Limited
Long Term Care Home and City: Trent Valley Lodge, Trenton

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 8, 11, 13, 14, 2025

The following intake(s) were inspected:
Intake: #00151117 - CI # 2337-000022-25 - Fall of resident resulting in injury.
Intake: #00151676 - CI #2337-000024-25 - Alleged staff to resident physical abuse.

- Intake: #00153277 - CI #2337-000025-25; Intake: #00154040 - CI #2337-000027-25 and Intake: #00155294 - Alleged resident to resident sexual 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: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (8)
Plan of care
s. 6 (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

The licensee has failed to ensure that the staff and others who provide direct care to a resident, have convenient and immediate access to a specific residents written plan of care.
Specifically, the LTCH transitioned from Med-E-Care to Point Click Care (PCC) documentation software. During the transition, the written plan of care for a specific resident was not carried over into PCC. Staff could not demonstrate how they could access the resident written plan of care.
Sources: Resident care plan record review. Interview with staff

WRITTEN NOTIFICATION: Duty to Protect

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
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 licensee has failed to ensure that a specific resident was protected from alleged sexual abuse by another specific resident on three specific dates.

"Sexual abuse" means any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member; ("mauvais traitements d'ordre sexuel")

Specifically on a specific date, a specific resident was allegedly sexually abused by a specific resident. On two other specific dates another alleged episode of sexual abuse between the two residents occurred.

Sources: Residents health record 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 licensee has failed to ensure ensure that the written policy to promote zero tolerance of abuse and neglect of residents, was complied with.

The Abuse and Neglect of a Resident - Actual or Suspected policy states registered staff must:
(1) Initiate the Nursing Checklist for Reporting and Investigating Alleged Abuse;
(2) Notify physician and request a full medical examination of the resident, a medical report and photographs when deemed necessary (obtain appropriate consent);
(3) and Assess and evaluate injuries and document each shift, including vitals, for a minimum of 72 hours post incident.

On a specific date suspected physical abuse of a resident by a staff member was reported to registered staff. It was confirmed during interviews, that registered staff did not complete numbers (1) through (3) of The Abuse and Neglect of a Resident - Actual or Suspected Policy.

Sources: Residents progress notes; Internal investigation notes; CI #2237-000024-24; Abuse and Neglect of a Resident - Actual or suspected policy #G1 (2024); Interviews with staff.

WRITTEN NOTIFICATION: Reports of investigation

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 27 (2)
Licensee must investigate, respond and act
s. 27 (2) A licensee shall report to the Director the results of every investigation undertaken under clause (1) (a), and every action taken under clause (1) (b).

The licensee has failed to report to the Director, the results of the investigation undertaken for suspected abuse which occurred on a specific date to a resident, by staff.

Sources: CI #2337-000024-25; Interview with staff.

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #005 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.

The licensee has failed to ensure that suspected abuse of a specific resident by staff was immediately reported to the Director.

Specifically, an incident of suspected abuse of a specific resident by staff occurred on a specific date. This incident was not reported to the Director until 25 days after the incident.

Sources: CI #2337-000024-24; Interview with staff.

WRITTEN NOTIFICATION: Licensees who report investigations under s. 27 (2) of Act

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 112 (2)
Licensees who report investigations under s. 27 (2) of Act
s. 112 (2) Subject to subsection (3), the licensee shall make the report within 10 days of becoming aware of the alleged, suspected or witnessed incident, or at an earlier date if required by the Director.

The licensee has failed to report to the Director, in writing within 10 days, an incident of alleged resident to resident abuse that occurred on a specific date.
Specifically staff completed an after hours call to the Director on a specific date.
There was no Critical incident report received following this after hours call.

Sources: Lack of CIR report in the CIR system and interview with staff.

COMPLIANCE ORDER CO #001 Responsive behaviours

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 58 (4)
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;
(b) strategies are developed and implemented to respond to these behaviours, where possible; and
(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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
Specifically, the licensee shall:
(1) Develop and implement written strategies, including techniques and interventions, to prevent, minimize or respond to a specific resident's responsive behaviours. These strategies must be added to the resident's written plan of care.

(2) Provide education to all staff that interact with the resident on the contents of the revised plan of care, ensuring staff are aware of the responsive behaviours of the resident, the identified triggers, interventions, and actions to take in the event of potentially harmful interactions between the resident and all other residents.

(3) Develop and complete a weekly audit tool, to determine if the strategies and interventions from (1) are effective. This tool shall include actions taken if an intervention is noted to be ineffective. The audits should be completed for a minimum of one month.

(4) Maintain a written record of the requirements under (2) and (3). Documentation of education shall include the names of the staff, their designation, and date training was provided.

Grounds

The licensee has failed to ensure that, for a specific resident who demonstrated responsive behaviours, the behavioural triggers for the resident were identified, strategies were developed and implemented to respond to these behaviour and actions were taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions

are documented.

On a specific date a specific resident was witnessed by staff allegedly sexually abusing a resident.

On two more specific dates the same resident was witnessed allegedly sexually abusing the same resident.

The abused resident is cognitively impaired and is not able to provide consent as confirmed with the staff in an interview.

The resident who is alleged to be the abuser's plan of care was not updated to identify triggers, strategies or interventions to manage responsive behaviours towards the other specific resident following the three incidents.

During an interview with staff they indicated that they were aware of the residents behaviour towards the co resident and that the plan of care had not been updated related to responsive behaviors. Also the responsive behavior and interventions binder located on the resident home area had not yet been updated.

Sources: Resident's health record, Interviews with staff.

This order must be complied with by October 30, 2025

COMPLIANCE ORDER CO #002 Training

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 82 (2)
Training

s. 82 (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:
1. The Residents' Bill of Rights.
2. The long-term care home's mission statement.
3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
4. The duty under section 28 to make mandatory reports.
5. The protections afforded by section 30.
6. The long-term care home's policy to minimize the restraining of residents.
7. Fire prevention and safety.
8. Emergency and evacuation procedures.
9. Infection prevention and control.
10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
11. Any other areas provided for in the regulations.

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

1. Ensure that a specific RN is provided training on the requirements as outlined required under FLTCA, 2021, s. 82 (2) prior to continuing to perform their responsibilities.
2. Maintain documentation of the type of education, including the name of the staff member completing the education, their designation, and the date the training was provided.

Grounds

The licensee has failed to ensure that a specific Registered Nurse (RN) received training in all required areas, prior to performing their responsibilities.

Specifically, an incident of alleged staff to resident abuse occurred on a specific date. This incident was reported to a specific RN, who did not follow the appropriate procedure in the Abuse and Neglect of a Resident - Actual or suspected Policy. Staff confirmed that there are no existing training records for that specific RN.

Sources: Surge learning records; e-Correspondence from DOC; Abuse and Neglect of a Resident - Actual or suspected policy #G1 (2024); Interview with DOC.

This order must be complied with by November 10, 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.