

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

Central East District  
33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

## Public Report

**Report Issue Date:** March 11, 2026

**Inspection Number:** 2026-1419-0001

**Inspection Type:**

Complaint  
Critical Incident  
Follow up

**Licensee:** St. Joseph's at Fleming

**Long Term Care Home and City:** St. Joseph's at Fleming, Peterborough

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: March 2 - 6, 9 -11, 2026.

The following intakes were inspected:

- A Critical Incident (CI) regarding allegations of improper care of a resident
- A complaint regarding allegations of improper care of a resident
- Follow up #1, CO #001 / 2025-1419-0006, O. Reg. 246/22, s. 53 (1) 1, Required programs, CDD February 27, 2026.
- Follow up #1, CO #002 / 2025-1419-0006, O. Reg. 246/22, s. 55 (2) (a) (ii), Skin and wound care, CDD February 27, 2026.
- An intake regarding allegations of improper care of resident
- An intake regarding allegations of resident to resident abuse
- A complaint regarding staff qualifications

## Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1419-0006 related to O. Reg. 246/22, s. 53 (1) 1.

Order #002 from Inspection #2025-1419-0006 related to O. Reg. 246/22, s. 55 (2) (a) (ii)

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

Skin and Wound Prevention and Management  
Safe and Secure Home

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Prevention of Abuse and Neglect  
Responsive Behaviours  
Staffing, Training and Care Standards  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #001 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's Prevention of Abuse policy was not followed when a required assessment was not completed for a resident after a resident to resident abuse incident.

**Sources:** A resident's clinical records, the home's Prevention of Abuse policy, and interviews with staff.

### WRITTEN NOTIFICATION: Certification of nurses

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

**Non-compliance with: O. Reg. 246/22, s. 51**

Certification of nurses

s. 51. Every licensee of a long-term care home shall ensure that every member of the staff who performs duties in the capacity of registered nurse, registered practical nurse or registered nurse in the extended class has the appropriate current certificate of registration with the College of Nurses of Ontario or, in the case of an out of province nurse, a current certificate of registration with the governing body of their health profession. O. Reg. 246/22, s. 51; O. Reg. 202/23, s. 4.

A Registered Nurse was hired as a manager by the licensee and began training. They

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did not have a current certificate of registration with the College of Nurses of Ontario.

**Sources:** Employee file and interview with the Chief Operating Officer.

### **WRITTEN NOTIFICATION: Behaviours and altercations**

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

**Non-compliance with: O. Reg. 246/22, s. 60 (a)**

Behaviours and altercations

s. 60. Every licensee of a long-term care home shall ensure that,  
(a) procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents; and

Staff confirmed that a resident's care plan interventions were not revised to minimize risk of altercation and potentially harmful interactions, related to a co-residents responsive behaviours, resulting in two altercations.

**Sources:** A resident's clinical records, and interviews with staff.



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**Inspection Report Under the  
Fixing Long-Term Care Act, 2021**

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