

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

Report Issue Date: April 22, 2026

Inspection Number: 2026-1622-0002

Inspection Type:

Complaint
Critical Incident

Licensee: The Corporation of the County of Middlesex

Long Term Care Home and City: Strathmere Lodge, Strathroy

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: April 7-10 and 13-16, 2026

The following intakes were inspected:

- Intake #00173436 complaint related to resident care and services
- Intake #00173562/Critical Incident System Report (CIS) #M627-000005-26 related to falls prevention and management
- Intake #00173645/CIS #M627-000006-26 related to allegations of staff to resident abuse
- Intake: #00173722/CIS #M627-000007-26 related to allegations of staff to resident abuse

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

- Resident Care and Support Services
- Food, Nutrition and Hydration
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Palliative Care
- Reporting and Complaints
- Falls Prevention and Management

INSPECTION RESULTS

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Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

The written plan of care of a resident did not include the required preferences. Staff acknowledged that the information was not written down and that it should be. On April 16, 2026, it was verified that the resident's written plan of care had been updated.

Sources: record review of a resident's electronic medical records; interview with staff

Date Remedy Implemented: April 16, 2026

WRITTEN NOTIFICATION: Licensee must investigate

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

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

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,

In a period of time in 2026, staff allegedly yelled at a resident. The resident was observed demonstrating responsive behaviours as a result of the incident. Upon becoming aware of the allegation, the home did not investigate.

Sources: electronic medical records for a resident, home's investigation file related to CI #7-26; interview with staff

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WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: O. Reg. 246/22, s. 29 (3) 13.

Plan of care

s. 29 (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

13. Nutritional status, including height, weight and any risks relating to nutritional care.

The plan of care for a resident did not include required items. Staff recounted the item should be included in the resident's plan of care and was not.

Source: record review of a resident's electronic medical records and paper chart; interview with staff

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: O. Reg. 246/22, s. 29 (3) 14.

Plan of care

s. 29 (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

14. Hydration status and any risks relating to hydration.

The plan of care for a resident did not include required items. Staff recounted the items should be included in the resident's plan of care and was not.

Source: record review of a resident's electronic medical records and paper chart; interview with staff

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 103 (e) (ii)

Policy to promote zero tolerance

s. 103. Every licensee of a long-term care home shall ensure that the licensee's written policy under section 25 of the Act to promote zero tolerance of abuse and neglect of

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residents,

- (e) identifies the training and retraining requirements for all staff, including,
- (ii) situations that may lead to abuse and neglect and how to avoid such situations.

The home's zero tolerance of abuse and neglect policy did not include the training and retraining requirement for staff that included situations that may lead to abuse and neglect and how to avoid such situations.

Sources: record review of home's zero tolerance of abuse and neglect policy, home's electronic training platform; interview with staff

WRITTEN NOTIFICATION: Notification re: incidents

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 104 (1) (b)

Notification re incidents

s. 104 (1) Every licensee of a long-term care home shall ensure that the resident's substitute decision-maker, if any, and any other person specified by the resident, (b) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident.

After the home became aware of allegations of abuse of two residents in a period of time in 2026, the home did not notify the substitute decision makers of the affected residents.

Sources: record review of electronic medical records of residents; interview with staff

WRITTEN NOTIFICATION: Notification re: incidents

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 104 (2)

Notification re incidents

s. 104 (2) The licensee shall ensure that the resident and the resident's substitute decision-maker, if any, are notified of the results of the investigation required under subsection 27 (1) of the Act, immediately upon the completion of the investigation.

After the home completed the investigation into allegations of abuse of four residents,

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the home did not notify the substitute decision makers of the affected residents of the outcome of the home's investigation.

Sources: record review of electronic medical records of residents; interview with staff

WRITTEN NOTIFICATION: Reports re: critical incidents

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 115 (1) 2.

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):

2. An unexpected or sudden death, including a death resulting from an accident or suicide.

The unexpected death of a resident was not reported to the Director.

Sources: record review of a resident's electronic medical records, Critical Incident System reports; interview with staff

COMPLIANCE ORDER CO #001 Duty to protect

NC #009 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. Retrain identified staff in applicable home areas regarding the definitions of verbal and emotional abuse - focusing on understanding the connection between the definitions and abusive actions/behaviours that may be observed. Keep a documented record of

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this training, including date, name and designation of the trainee and the trainer. Documentation must be kept and made available to the Inspector upon request.

Grounds

Section 2 of the Ontario Regulation 246/22 defines emotional abuse as "any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident".

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".

Over a period of time in 2026, 10 residents were the recipients of verbal and emotional abuse by a staff member. An investigation completed by the home concluded that abuse did occur.

Sources: Review of electronic medical records for residents, the home's investigation file; and interviews with staff

This order must be complied with by June 5, 2026

COMPLIANCE ORDER CO #002 Policy to promote zero tolerance

NC #010 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:

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1. Retrain identified staff in applicable home areas regarding the licensee's zero tolerance of abuse policy(ies). The training must include, but not limited to, their roles and responsibilities for reporting alleged, suspected, or witnessed incidents of verbal and/or emotional abuse as well as any reporting requirements outlined in the policy(ies). Keep a documented record of the training, including date, name and designation of the trainee and the trainer. Documentation must be kept and made available to the Inspector upon request.

2. Conduct four audits per week of the home's 24hr (twenty-four hour) progress notes to ensure the licensee's zero tolerance of abuse policies are complied with, specifically related to of any reported incidents of abuse. The audits are to be completed by the Director of Care and/or designate and are to be continued until this order is complied by an inspector. Audits are to include, date, name and designation of auditor and any corrective action taken if a deficiency was identified. Documentation of the audits are to be kept and made available to the Inspector upon request.

Grounds

The home's "Abuse" policy indicated that staff were to notify their immediate supervisor, who would then immediately notify the Director of Resident Care of any alleged, suspected or witnessed incidents of abuse.

A staff stated they had witnessed another staff engage in emotional abuse of two residents and they stated they did not report the specific incidents to their supervisor. A staff recounted that when they witnessed or were informed by subordinate staff of allegations of verbal and emotional abuse of residents by another staff, they did not report the incidents to the home.

The home's zero tolerance of abuse and neglect policy also directs staff to take action to ensure the safety of residents. Electronic medical records for a period of time in 2026 for five residents did not indicate that actions were taken to ensure the safety of the residents after alleged and/or witnessed incidents of abuse. A staff acknowledged the the home's zero tolerance of abuse and neglect policy was not followed when the home became aware of allegations of abuse.

Sources: Review of electronic medical records for five residents, the home's "Abuse" policy ADA007 reviewed/revised October 22, 2025, the home's investigation file; and

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interviews with staff

This order must be complied with by June 4, 2026

COMPLIANCE ORDER CO #003 Reporting certain matters to Director

NC #011 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

The licensee shall:

1. Provide education to identified staff and staff in applicable home areas on the legislative and policy requirements for the immediate reporting of all alleged, suspected, or witnessed incidents of abuse and neglect, in accordance with the Fixing Long-Term Care Act, 2021 and the home's internal policies. Keep a documented record of this education, including date(s), method of education, names of the staff who attended and name(s) of individual who provided the education. Documentation must be kept and made available to the Inspector upon request.

2. Ensure the Administrator or delegate oversees all allegations of abuse and neglect to confirm they are managed in accordance with legislative requirements and the home's zero tolerance of abuse and neglect policy and/or duty to report policy. Keep a documented record including date(s) and name/designation of individual who completed oversight. Documentation must be kept and made available to the Inspector upon request.

Grounds

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A) Over a period of time in 2025 and 2026, three staff witnessed incidents of verbal and emotional abuse towards two residents by another staff. A staff also stated that two subordinate staff had reported concerns to them about how another staff treated residents.

Two staff had a duty to report incidents of resident abuse; they did not report the incidents of verbal and emotional abuse of two residents by another staff.

Furthermore, on a date in 2026 that the home became aware of allegations of abuse of three residents, the allegations of abuse of a resident by staff were not reported to the Director

Sources: Record review of Critical Incident System reports, the home's investigation file; Interviews with staff

This order must be complied with by May 27, 2026

COMPLIANCE ORDER CO #004 Policy to promote zero tolerance

NC #012 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 103 (a)

Policy to promote zero tolerance

s. 103. Every licensee of a long-term care home shall ensure that the licensee's written policy under section 25 of the Act to promote zero tolerance of abuse and neglect of residents,

(a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;

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

The licensee shall:

1. Review and update as required, the home's zero tolerance of abuse and neglect policy(ies) to ensure compliance with the legislation.

2. Ensure all staff receive training on the procedures and interventions to assist and

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support residents who have been abused or neglected or allegedly abused or neglected. Keep a documented record of the training, including date, name and designation of the trainee and the trainer. Documentation must be kept and made available to the Inspector upon request.

Grounds

The home's zero tolerance of abuse and neglect policy did not include procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected. Progress notes for five residents on a date in 2026, did not indicate that actions were taken to ensure the safety of the residents after alleged and/or witnessed incidents of abuse.

Sources: Record review home's zero tolerance of abuse and neglect policy, electronic record review of five residents; interview with staff

This order must be complied with by June 4, 2026

COMPLIANCE ORDER CO #005 Policy to promote zero tolerance

NC #013 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 103 (e) (i)

Policy to promote zero tolerance

s. 103. Every licensee of a long-term care home shall ensure that the licensee's written policy under section 25 of the Act to promote zero tolerance of abuse and neglect of residents,

(e) identifies the training and retraining requirements for all staff, including,

(i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and

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

The licensee shall:

1. Review and update as required, the home's zero tolerance of abuse and neglect policy(ies) to ensure compliance with the legislation.

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2.Ensure all staff receive training on the the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care. Keep a documented record of the training, including date, name and designation of the trainee and the trainer. Documentation must be kept and made available to the Inspector upon request.

Grounds

In a period of time in 2026, allegations of verbal and emotional abuse of residents were reported to the home. The allegations outlined several incidents in which a staff engaged in verbal communication towards residents that was acknowledged to be threatening and/or intimidating. The home's investigations determined the allegations were founded.

The home's zero tolerance of abuse and neglect policy did not include the training or retraining requirement for staff that includes the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care. The Director of Care acknowledged that although the home's electronic training platform included a module "Therapeutic Relationships: Power Imbalances and Abuse Prevention", this module had not previously been assigned to any staff in the home.

Sources: Record review home's zero tolerance of abuse and neglect policy, home's investigation file; interview with staff

This order must be complied with by June 25, 2026

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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
e-mail: MLTC.AppealsCoordinator@ontario.ca

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

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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.