

Ministry of Long-Term Care

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

Hamilton District

119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Public Report

Report Issue Date: June 3, 2025

Inspection Number: 2025-1701-0003

Inspection Type:

Proactive Compliance Inspection

Licensee: The Regional Municipality of Niagara

Long Term Care Home and City: Gilmore Lodge, Fort Erie

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 22-23, 26-30, 2025 and June 2-3, 2025

The following intake(s) were inspected:

- Intake: #00147505 - Proactive Compliance Inspection (PCI) for Gilmore Lodge

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Residents' and Family Councils
- Medication Management
- Safe and Secure Home
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Quality Improvement
- Residents' Rights and Choices

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Pain Management

INSPECTION RESULTS

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 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that a resident's plan of care was revised when their care needs changed and they no longer required a nutrition intervention at meals. The resident's plan of care was revised on May 23, 2025.

Sources: A resident's clinical record; interview with the Registered Dietitian (RD) and other staff.

Date Remedy Implemented: May 23, 2025

WRITTEN NOTIFICATION: Dining and snack service

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

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Non-compliance with: O. Reg. 246/22, s. 79 (1) 8.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

8. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

The licensee has failed to ensure that a resident was provided with assistive devices to safely eat as comfortably and independently as possible, as per their assessed needs.

Sources: A resident's clinical record; interview with the RD and other staff.

WRITTEN NOTIFICATION: Administration of drugs

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

Non-compliance with: O. Reg. 246/22, s. 140 (2)

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The licensee has failed to ensure that a controlled medication was administered to a resident in accordance with the directions for use specified by the prescriber.

Sources: A resident's clinical record; interview with a Director of Care (DOC).

WRITTEN NOTIFICATION: Drug destruction and disposal

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

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Non-compliance with: O. Reg. 246/22, s. 148 (2) 2.

Drug destruction and disposal

s. 148 (2) The drug destruction and disposal policy must also provide for the following:

2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.

The licensee has failed to ensure that their written drug destruction and disposal policy for controlled substances, which was part of the medication management system, was complied with.

In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee was required to ensure that their written policies related to drug destruction and disposal were complied with.

Specifically, a Registered Practical Nurse (RPN) failed to place a controlled medication in a double-locked, discarded narcotic container, as set out in the policy.

Sources: A resident's clinical record; medication incident report; Medication Administration policy; interview with a DOC.

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

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