

**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:** September 5, 2025

**Inspection Number:** 2025-1701-0005

**Inspection Type:**

Complaint  
Critical Incident

**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): August 21, 22, 25-29, 2025 and September 3-5, 2025

The following intake(s) were inspected:

- Intake: #00150242/CI #M635-000013-25 related to Falls Prevention and Management
- Intake: #00151041 regarding a complaint related to Resident Care and Support Services; Food, Nutrition and Hydration; Housekeeping; and Reporting and Complaints
- Intake: #00151527/CI #M635-000015-25 related to Falls Prevention and Management
- Intake: #00153892/CI #M635-000018-25 related to Falls Prevention and Management
- Intake: #00154656/CI #M635-000021-25 related to Falls Prevention and Management
- Intake: #00155155/CI #M635-000023-25 related to Resident Care and Support Services

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

- Resident Care and Support Services
- Food, Nutrition and Hydration
- Housekeeping, Laundry and Maintenance Services
- Reporting and Complaints
- Falls Prevention and 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. 19 (2) (a)**

Accommodation services

- s. 19 (2) Every licensee of a long-term care home shall ensure that,
- (a) the home, furnishings and equipment are kept clean and sanitary;

The licensee has failed to ensure that the home was kept clean and sanitary.

On an identified day, insect remains were observed on the window sills outside of the dining room and nursing station on a resident home area. The area was cleaned the same day.

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**Sources:** Observations; interview with the Environmental Services Program Manager and other staff.

Date Remedy Implemented: An identified date

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

NC #002 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 that their written policy to promote zero tolerance of abuse and neglect of residents was complied with. Specifically a resident alleged that a staff member was physically inappropriate towards them. The home failed to immediately report the allegation to the Director and immediately investigate the concern.

**Sources:** Resident's clinical record; Zero Tolerance of Abuse and Neglect policy, last reviewed September 2024; interview with the Director of Care (DOC) and others.

## **COMPLIANCE ORDER CO #001 Transferring and positioning techniques**

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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**Non-compliance with: O. Reg. 246/22, s. 40**

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

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

The licensee shall:

- A. Ensure that staff transfer the two identified residents with the level of assistance required as per their assessed needs.
- B. Re-train staff on the home's lift and transfer policy and one of the resident's transfer status.
- C. Re-train all staff who worked on the other resident home area at the time of the resident's fall, on the home's lift and transfer policy, and on the other resident's transfer status.
- D. Maintain records of the education material provided, including staff names, signatures, designation, date, time, and person who provided the education.

**Grounds**

A) The licensee has failed to ensure that staff used safe transferring techniques when assisting a resident.

A resident required maximal assistance from two staff with specified activities of daily living (ADL) , which was not complied with by unidentified staff on a given date. Another staff attended to the resident without assistance from a second staff member, acknowledging they were unaware of the resident's ADL status, The resident sustained an injury which resulted in a significant change in their ADL.

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**Sources:** Critical Incident System (CIS) #M635-000013-25; resident 's clinical record; email records; interview with the DOC.

B) The licensee has failed to ensure that staff used safe transferring techniques for a resident on an identified date, when they assisted the resident with a specific task with one person instead of two, as per their plan of care.

**Sources:** Resident's clinical record; observations; interview with the DOC and other staff.

**This order must be complied with by** October 6, 2025

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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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3

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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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

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:

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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).