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

Hamilton District
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Public Report

Report Issue Date: January 8, 2026

Inspection Number: 2025-1701-0007

Inspection Type:
Critical Incident
Follow up

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): December 30, 2025 and January 5 to 8, 2026
The inspection occurred offsite on the following date(s): December 31, 2025
The following intake(s) were inspected:

- Intake #00159681 - Critical Incident (CIS) #M635-000033-25 related to prevention of abuse and neglect
- Intake #00160627 - Follow-up #1 - CO #001 related to responsive behaviors.

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1701-0006 related to O. Reg. 246/22, s. 58 (4) (c)

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

Responsive Behaviours

INSPECTION RESULTS

WRITTEN NOTIFICATION: When reassessment, revision is required

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (10) (c)
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,
(c) care set out in the plan has not been effective.

The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised when the care set out in the plan has not been effective.

A resident demonstrated responsive behaviors on multiple occasions. Staff confirmed that the care set out in the plan was not effective and that the plan of care was reviewed, but not revised on a specified date in September 2025.

Sources: Review of resident's clinical record; Interviews with staff.

WRITTEN NOTIFICATION: Responsive behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (2) (c)
Responsive behaviours
s. 58 (2) The licensee shall ensure that, for all programs and services, the matters referred to in subsection (1) are,
(c) co-ordinated and implemented on an interdisciplinary basis.

The licensee shall ensure that screening protocols, assessment, and reassessment developed to meet the needs of residents with responsive behaviors are coordinated and implemented on an interdisciplinary basis.

The home's policy titled Responsive Behaviors Program: Behavioral and Psychological Symptoms of Dementia (BPSD), last revised on December 9, 2025, states that if a resident presents with new, worsening, or non-easily alterable responsive behaviors, the registered staff will assess and screen the resident experiencing BPSD for delirium by completing a Delirium Screening Assessment tool.

A resident demonstrated responsive behaviors on multiple occasions. Staff confirmed that the home should have completed the Delirium Screening Assessment tool.

Sources: Review of resident's clinical record, home's policy Responsive Behaviors Program: Behavioral and Psychological Symptoms of Dementia (BPSD), last revised: December 9, 2025; Interviews with staff.