

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: February 19, 2026

Inspection Number: 2026-1701-0002

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): February 5-6, 9-13, and 17-19, 2026.

The inspection occurred offsite on the following date(s): February 18, 2026.

The following intake(s) were inspected:

-Intake: #00169502 - Proactive Compliance Inspection (PCI).

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

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

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Staffing, Training and Care Standards
Residents' Rights and Choices
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: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

An additional precaution of the Infection Prevention and Control (IPAC) Standard (April 2022, revised September 2023) for Long-Term Care Homes issued by the Director was not complied with when a room had no point-of-care signage indicating that enhanced IPAC control measures were in place for contact precautions. This was remedied when contact precautions signage was observed to be in place.

Sources: Observations.

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Date Remedy Implemented: February 17, 2026.

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 272

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The Chief Medical Officer of Health's recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings was not followed when expired Alcohol Based Hand Rub (ABHR) was observed in a location in the home. The expired ABHR was replaced the same day, as soon as the home was notified.

Sources: Observations, Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings.

Date Remedy Implemented: February 19, 2026.

WRITTEN NOTIFICATION: Infection prevention and control

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

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a) An additional precaution of the Infection Prevention and Control (IPAC) Standard (April 2022, revised September 2023) for Long-Term Care Homes issued by the Director was not complied with when staff had not ensured practices for potential droplet transmission were followed for a resident. The personal protective equipment (PPE) cart outside their room had expired disinfectant wipes which were to be used to clean the available eye protection.

b) An additional precaution of the Infection Prevention and Control (IPAC) Standard (April 2022, revised September 2023) for Long-Term Care Homes issued by the Director was not complied with when staff had not donned PPE in the appropriate sequence and did not wear the appropriate PPE as indicated on the additional precautions signage.

Sources: Observations, interview with Director of Care (DOC) and IPAC Manager.

WRITTEN NOTIFICATION: Quarterly evaluation

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

Non-compliance with: O. Reg. 246/22, s. 124 (3) (b)

Quarterly evaluation

s. 124 (3) The quarterly evaluation of the medication management system must include at least,

(b) reviewing reports of any medication incidents, any incidents of severe hypoglycemia and unresponsive hypoglycemia, the use of glucagon and adverse drug reactions referred to in subsections 147 (2) and (3), the factors that contributed to the incident, use of glucagon or drug reaction and all instances of the restraining of residents by the administration of a drug when immediate action is necessary to prevent serious bodily harm to a resident or to others pursuant to the common law duty referred to in section 39 of the Act; and

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The home conducted a quarterly meeting to evaluate the effectiveness of their medication management system. A review of current meeting minutes listed the quantity of medication incidents from the most recent quarter and their source; however, had not included any details of the incidents or factors that contributed to the incidents.

Sources: Medication incident reports; PAC meeting minutes; interview with staff #115, and others.