

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: April 20, 2026

Inspection Number: 2026-1701-0003

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 dates: March 25-27, March 30-31, 2026 and April 1-2, April 7-10, April 13, April 15-16, April 20, 2026

The follow Critical Incident (CI) intakes were inspected:

- Intake 00168758/CI M635-000001-26 related to prevention of abuse and neglect
- Intake 00169093/CI M635-000002-26 related to falls prevention and management
- Intake 00173412/CI M635-000007-26 related to safe and secure home.

The following complaint intakes were inspected:

- Intake 00168717- complaint related to nutritional care and hydration programs; continence care and bowel management; resident care and support services; residents' rights and choices,
- Intake 00170442 – complaint related to safe and secure home,
- Intake 00172734 – complaint related to skin and wound prevention management; housekeeping, laundry and maintenance services
- Intake 00173062 – complaint related to medication management and food, nutrition and hydration program.

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Continence Care
- Food, Nutrition and Hydration
- Housekeeping, Laundry and Maintenance Services

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Medication Management
Safe and Secure Home
Prevention of Abuse and Neglect
Responsive Behaviours
Residents' Rights and Choices
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. 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

On a specified date in August 2025, a resident's plan of care identified that direct care staff at night would provide a specified intervention. On a specified date in April 2026, a progress note identified that the intervention had been updated, however other area's of plan of care remained unchanged.

When reviewed on April 7, 2026, the written plan of care was corrected with the updated intervention and made clear.

Sources: Interviews with staff, Environmental Services Program Manager, Acting Associate Director of Resident Care (AADRC); resident's plan of care, progress notes; internal home memo's and emails.

Date Remedy Implemented: April 7, 2026

Ministry of Long-Term Care
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WRITTEN NOTIFICATION: Residents' Bill of Rights

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 3.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

3. Every resident has the right to have their participation in decision-making respected.

A resident did not have their right to participate in decision-making respected regarding their plan of care when on a date in February 2026, a medical order was implemented. The resident did not agree to the medical order. The home continued to offer the resident the medical order for approximately one month until the resident's right to decision making was fully respected.

Sources: Resident's clinical records, interview with staff, interview with resident.

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

A resident was required to receive extensive assistance by one staff member for an activity of daily living (ADL), and had specific interventions in place related to this ADL. On a specified date in January 2026, the plan of care was not implemented as specified, and the resident experienced a fall as a result.

Sources: Resident's plan of care, progress notes, and post fall assessments; interviews with staff and Director of Resident Care (DRC); the home's internal investigation notes.

WRITTEN NOTIFICATION: Documentation

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

Ministry of Long-Term Care
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Hamilton District
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Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

A resident did not have their specified intervention documented as required.

Sources: Resident's clinical records, interview with the Clinical Documentation and Informatics (CDI) Lead.

WRITTEN NOTIFICATION: Complaints procedure - licensee

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

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

A) A written complaint was lodged by a resident's Substitute Decision Maker (SDM) on a date in December 2025 and the complaint was not immediately forwarded to the Director.

Sources: An e-mail, a review of LTCHomes.net, interview with the Administrator.

B) A written complaint was lodged by a resident's SDM on a date in November 2025 and the complaint was not immediately forwarded to the Director.

Sources: An e-mail, review of LTCHomes.net, interview with the Administrator.

WRITTEN NOTIFICATION: Dress

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

Non-compliance with: O. Reg. 246/22, s. 44

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Dress

s. 44. Every licensee of a long-term care home shall ensure that each resident of the home is assisted with getting dressed as required, and is dressed appropriately, suitable to the time of day and in keeping with the resident's preferences, in their own clean clothing and in appropriate clean footwear.

A resident required total assistance from staff for a specified ADL and on a date in December 2025, the resident was not dressed appropriately and suitable for the time of day.

Sources: Interviews with staff and AADRC; Resident's clinical record including progress notes; the home's nursing and personal support policy.

WRITTEN NOTIFICATION: Required programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (2) (b)

Required programs

s. 53 (2) Each program must, in addition to meeting the requirements set out in section 34,

(b) provide for assessment and reassessment instruments. O. Reg. 246/22, s. 53 (2).

In accordance with O.Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that the nursing and personal support services program policies were complied with.

Specifically, the home's policy indicated that a resident who has suffered a head impact requires a specific assessment to be completed and this was not completed as required for a resident.

Sources: Resident's clinical records, the home's policy, interview with staff.

WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

Ministry of Long-Term Care
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Long-Term Care Inspections Branch

Hamilton District
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(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

On a date in March 2026, a progress note identified that a resident had an altered skin integrity on a specified area of their body. The clinical assessment tool for identifying new skin alterations was not used as per policy when the staff cared for the resident.

Sources: Interview with AADRC and staff; Resident's progress notes, assessments; the home's skin assessment policy.

WRITTEN NOTIFICATION: Skin and wound care

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

A resident had an identified altered skin integrity to a specified area of their body that required weekly re-assessment using the home's clinically appropriate skin and wound assessment instrument. The resident's identified altered skin integrity was not reassessed during a specified week in April 2026.

Sources: Interview with AADRC; Resident's progress notes, assessments, electronic treatment administration record; the home's skin assessment policy.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Hamilton District
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Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;

A resident had fluid intake below their daily requirement for four days in a row between two specified time frames in 2026. As per the home's expectations, a referral was required to be made to the Registered Dietitian (RD) for assessment of poor fluid intake. During the identified dates of poor fluid intake for four days in a row, there were no referrals to the RD implemented as required.

Sources: Resident's plan of care, progress notes, fluid reports, assessments; interviews with staff, and AADRC; the home's policy for referral for Registered Dietician; the home's Nutrition and Hydration policy.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 74 (2) (b)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(b) the identification of any risks related to nutritional care and dietary services and hydration;

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the nutritional care and hydration program were complied with. Specifically, when the resident has dehydration risk alerts in place, they are to be assessed for signs and symptoms of dehydration and documented every shift. When a resident has four days in a row of fluid intake less than 1000ml per day, a dehydration risk critical alert is to be initiated.

On two specified shifts, there was no documentation in the resident's clinical record of

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Hamilton District
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an assessment of the resident's hydration being completed, as required.

During two specified weeks in 2026, the resident had fluids documented at less than 1000ml per day. During the two identified four day periods, dehydration critical alerts were not initiated as required.

Sources: Resident's clinical record including electronic treatment administration record, plan of care, progress notes; interviews with staff, and AADRC; the home's Nutrition and Hydration policy.

WRITTEN NOTIFICATION: Dealing with complaints

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (1) 1.

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.

A) A resident's SDM lodged a verbal complaint to staff on a date in February 2026. A response that complied with O. Reg. 246/22 s. 108 (1) 3 was not provided to them within 10 business days of receipt of their complaint.

Sources: Resident's progress notes, an e-mail, the home's Complaint Process policy, interview with the Administrator.

B) A resident's SDM lodged a written complaint on a date in November 2025. A response that complied with O. Reg. 246/22 s. 108 (1) 3 was not provided to them within 10 business days of receipt of their complaint.

Sources: An e-mail, the home's Complaint Process policy, interview with the Administrator.

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WRITTEN NOTIFICATION: Dealing with complaints

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (1) 2.

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.

A written complaint was made on a date in February 2026 to the home. The home's Administrator sent communication to the complainant ten business days later indicating receipt of the written concerns and this response did not include a date that the complainant could reasonably expect a resolution by. Additionally, the home's follow-up response sent did not address all concerns brought forward by the complainant.

Sources: Home's complaint record, interview with the Administrator.

WRITTEN NOTIFICATION: Dealing with complaints

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (2)

Dealing with complaints

s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,

- (a) the nature of each verbal or written complaint;
- (b) the date the complaint was received;
- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
- (d) the final resolution, if any;
- (e) every date on which any response was provided to the complainant and a description of the response; and

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(f) any response made in turn by the complainant.

A) A documented record was not kept in the home relating to verbal complaints regarding the care of a resident. There was no record that included the nature of the verbal complaints, the dates they were received, the type of action taken to resolve the complaints, the final resolutions, every date of which any responses were provided to the complainant and a description of the responses, and any responses made in turn by the complainant.

Sources: E-mails, resident's clinical record, the home's Complaint Process policy, the home's complaint log, interview with the Administrator.

B) A documented record was not kept in the home relating to written complaints regarding the care of a resident. There was no record that included the nature of the written complaints, the dates they were received, the type of action taken to resolve the complaints, the final resolutions, every date of which any responses were provided to the complainant and a description of the responses, and any responses made in turn by the complainant.

Sources: Written complaints, the home's Complaint Process policy, the home's complaint log, interview with the Administrator.

COMPLIANCE ORDER CO #001 Duty to protect

NC #015 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. Review the events specified and identify any gaps that posed a risk to the resident's safety, health and well-being and;
2. The gaps should include but are not limited to:
 - How communication could have been improved between shifts and;

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- What actions should have been taken (including assessments and/or monitoring) and;
- When these actions should have been taken and;
- 3. Review these gaps with specified staff and;
- 4. Keep a record of the gaps identified and review with the identified staff including staff signatures that they understood it and the date and time it was provided.

Grounds

A) A resident was not protected from neglect by staff.

Reg. 246/22 s. 7 defines neglect as the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

On a specified date in March 2026, a resident displayed specified behaviours and made specified statements to the social worker. Staff were made aware of these behaviours and statements and no assessments or interventions were initiated at that time. The following day their plan of care was updated to include a specified intervention.

This intervention was not fully implemented, an incident occurred, however, the resident was unharmed.

The home failed to provide the resident with the care and services required for their health and safety, which included a pattern of inaction that posed a significant risk of harm to them.

Sources: Resident's clinical record, the home's investigation notes, video footage, the home's policy and other documents, CI #M635-000007-26, interviews with staff.

B) A resident was not protected from physical abuse from another resident.

O.Reg 246/22 defines physical abuse as the use of physical force by a resident that causes physical injury to another resident.

A resident sustained an injury after an incident with another resident.



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

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Sources: Resident's clinical records, home's investigation notes.

This order must be complied with by May 18, 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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Long-Term Care Inspections Branch

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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.