



## Ministry of Health and Long-Term Care

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

## Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité

## Inspection Report under the Long-Term Care Homes Act, 2007

## Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue durée

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<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection  September 23-24, 2010	Inspection No/ d'inspection  2010_143_2901_23Sep112101

### Licensee/Titulaire

Belcrest Nursing Homes Limited  
250 Bridge Street West  
Belleville K8P 5N3

### Long-Term Care Home/Foyer de soins de longue durée

Belmont Long Term Care Facility  
250 Bridge Street West  
Belleville K8P 5N3

### Name of Inspector(s)/Nom de l'inspecteur(s)

Paul Miller (143)

### Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection. The nature of the complaint involved visitor restrictions.

During the course of the inspection, the inspector spoke with: The Administrator, the Director of Nursing, the Charge RN, three Personal Support Workers and family members.

During the course of the inspection, the inspector: Reviewed resident health record and reviewed and discussed the homes abuse policy.

The following Inspection Protocols were used in part or in whole during this inspection: Dignity, Choice and Privacy Inspection Protocol.

- There are no findings of Non-Compliance as a result of this inspection.
- Findings of Non-Compliance were found during this inspection. The following action was taken:
1. WN  
1. VPC



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**NON- COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

**WN** – Written Notifications/Avis écrit

**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire

**DR** – Director Referral/Régisseur envoyé

**CO** – Compliance Order/Ordres de conformité

**WAO** – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Non-compliance with requirements under the *Long-Term Care Homes Act, 2007* (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.)

**WN #1:** The Licensee has failed to comply with: LTCHA, 2007, S.O.2007 c.8, s. 3

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

14: Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.

**Findings:**

1. A resident was refused the right to receive visitors of his or her choice.

**VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that every resident has the right to receive visitors of his or her choice, to be implemented voluntarily.**

**Inspector ID #:** 143

**Signature of Licensee or Representative of Licensee  
Signature du Titulaire du représentant désigné**

**Signature of Health System Accountability and Performance Division  
representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.**



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Title:	Date:	Date of Report: (if different from date(s) of inspection).
		Oct 1 / 10