

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: July 09, 2024	
Inspection Number: 2024-1385-0003	
Inspection Type: Complaint Critical Incident	
Licensee: Belcrest Nursing Homes Limited	
Long Term Care Home and City: Belmont Long Term Care Facility, Belleville	
Lead Inspector Stephanie Fitzgerald (741726)	Inspector Digital Signature
Additional Inspector(s) Tracey-Anne Chapman (000809) Cathi Kerr (641)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 2-5, 8, 9, 2024

The following intake(s) were inspected:

- Intake: #00114806 - Complaint regarding laundry.
- Intake: #00116041 - CI #2901-000025-24, Intake: #00116276 - CI #2901-000028-24, Intake: #00116364 - CI #2901-000029-24, and Intake: #00118889 - CI #2901-000036-24- Unexpected deaths of residents.
- Intake: #00116639 -CI #2901-000030-24 and Intake: #00118407 - 2901-000034-24- Alleged resident to resident abuse.

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The following Inspection Protocols were used during this inspection:

- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control
- Responsive Behaviours
- Prevention of Abuse and Neglect
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Development of initial plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Plan of care

s. 6 (6) When a resident is admitted to a long-term care home, the licensee shall, within the times provided for in the regulations, ensure that the resident is assessed and an initial plan of care developed based on that assessment and on the assessment, reassessments and information provided by the placement co-ordinator under section 51.

The licensee failed to ensure that when a resident was admitted to the home, they received a falls risk assessment and an initial plan of care related to falls risk was developed based on that assessment, within the times provided for in the regulations.

Sources: Resident's health care record, including assessments and care plan; interviews with the DOC and RAI coordinator. [641]

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WRITTEN NOTIFICATION: Reporting certain matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that suspected abuse of a resident by another resident, which occurred on a specified day in June, 2024, was immediately reported to the Director.

Sources: CIS #2901-000034-24, progress notes, and interview with DOC #100. [000809]

WRITTEN NOTIFICATION: Required programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

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The licensee has failed to ensure that their written policy related to falls prevention and management was complied with, for a resident.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that written policies and protocols were developed for the falls prevention and management program and ensure they were complied with.

Specifically, staff did not comply with Post Falls Protocol Index I.D. RCSM-E-130, Falls Prevention and Management Program Index I.D. RCSM-E-115, and Head Injury Routine Index I.D. RCSM-E-35, when they did not initiate the head injury routine (HIR), for the resident.

Sources: Resident's Progress Notes, eMAR; Post Falls Protocol Index I.D. RCSM-E-130, Falls Prevention and Management Program Index I.D. RCSM-E-115, Head Injury Routine Index I.D. RCSM-E-35; Interviews with RPN and DOC. [741726]