

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007****Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée****Long-Term Care Operations Division  
Long-Term Care Inspections Branch****Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée****Sudbury Service Area Office  
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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 12, 2020	2020_746692_0010	021486-19, 021487-19, 021488-19, 021490-19, 001891-20, 001892-20	Follow up

**Licensee/Titulaire de permis****Board of Management for the District of Parry Sound West  
21 Belvedere Avenue PARRY SOUND ON P2A 2A2****Long-Term Care Home/Foyer de soins de longue durée****Belvedere Heights  
21 Belvedere Avenue PARRY SOUND ON P2A 2A2****Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs****SHANNON RUSSELL (692), AMANDA BELANGER (736), JENNIFER NICHOLLS (691)****Inspection Summary/Résumé de l'inspection****The purpose of this inspection was to conduct a Follow up inspection.****This inspection was conducted on the following date(s): June 3-5, and June 8-11, 2020.****The Following intake(s) were inspected upon during this Follow Up inspection:  
-One log, which was related to compliance order #001 from inspection report #2019\_657681\_0026, where the home was ordered to comply with section 8 subsection 1 of the Long-Term Care Homes Act (LTCHA), 2007, related to the**

licensee ensuring there was an organized nursing and personal support services program that met the assessed needs of the residents, with a compliance due date of February 3, 2020;

-One log, which was related to compliance order #002 from inspection report #2019\_657681\_0026, where the home was ordered to comply with regulation 33 subsection 1 of the LTCHA, 2007, related to the licensee ensuring that residents were bathed, at a minimum, twice a week by their method of choice, with a compliance due date of December 23, 2019;

-One log, which was related to compliance order #003 from inspection report #2019\_657681\_0026, where the home was ordered to comply with regulation 50 subsection 2 of the LTCHA, 2007, related to the licensee ensuring that each resident with altered skin integrity was assessed by a member of the registered nursing staff using a clinically appropriate assessment tool, and that each resident was reassessed at least weekly, with a compliance due date of December 23, 2019;

-One log, which was related to compliance order #004 from inspection report #2019\_657681\_0026, where the home was ordered to comply with regulation 71 subsection 3 of the LTCHA, 2007, related to the licensee ensuring that each resident was offered a minimum of three meals per day; a between meal beverage in the morning, afternoon, and evening; and a snack in the afternoon and evening, with a compliance due date of December 16, 2019;

-One log, which was related to compliance order #001 from inspection #2019\_752627\_0025, where the home was ordered to comply with section 24 subsection 1 of the LTCHA, 2007, related to the licensee ensuring that any person who has reasonable grounds to suspect that any form of abuse towards residents occurred, reports the suspicion to the Director immediately; and,

-One log, which was related to compliance order #002 from inspection #2019\_752627\_0025, where the home was ordered to comply with section 20 subsection 1 of the LTCHA, 2007, related to the licensee ensuring that the home's Prevention of Abuse and Neglect-Zero Tolerance policy was complied with.

A Complaint inspection, #2020\_746692\_0009, and a Critical Incident System inspection, #2020\_746692\_0011, were conducted concurrently with this inspection.

**During the course of the inspection, the inspector(s) spoke with the Acting Administrator, Director of Care (DOC), Associate Director of Care (ADOC), Clinical Resource Nurse (CRN), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and residents.**

**The Inspector(s) also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions and resident to resident interactions, reviewed relevant health care records, internal investigation notes, as well as licensee policies, procedures and programs.**

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

**Nutrition and Hydration**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

**Skin and Wound Care**

**Snack Observation**

**Sufficient Staffing**

**During the course of this inspection, Non-Compliances were not issued.**

**0 WN(s)**

**0 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

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REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 20.	CO #002	2019_752627_0025	736
LTCHA, 2007 S.O. 2007, c.8 s. 24.	CO #001	2019_752627_0025	736
O.Reg 79/10 s. 33. (1)	CO #002	2019_657681_0026	692
O.Reg 79/10 s. 50. (2)	CO #003	2019_657681_0026	691
O.Reg 79/10 s. 71. (3)	CO #004	2019_657681_0026	691
LTCHA, 2007 S.O. 2007, c.8 s. 8. (1)	CO #001	2019_657681_0026	692

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**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<b>Legend</b>  WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	<b>Légende</b>  WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**Issued on this 12th day of June, 2020**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**