

Ministry of Long-Term Care

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

North District

159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Public Report

Report Issue Date: July 31, 2025

Inspection Number: 2025-1530-0004

Inspection Type:

Complaint
Critical Incident

Licensee: Board of Management for the District of Parry Sound West

Long Term Care Home and City: Belvedere Heights, Parry Sound

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 21-25, 2025.

The following intake(s) were inspected:

- Intake, related to a fall of a resident, resulting in injury;
- Intake, regarding an facility wide outbreak;
- Intake, related to allegations of physical abuse a of resident;
- Intake, regarding an allegation of resident neglect;
- Intake, related to a complaint submitted with concerns of resident abuse allegations; and,
- Intake, related to resident-to-resident responsive behaviours.

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

Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect

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Responsive Behaviours
Reporting and Complaints
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Reporting certain matters to Director

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

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

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:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The licensee has failed to immediately report to the Director an allegation of improper care that resulted in risk of harm to a resident.

Sources: CI report; home's investigation notes; and interview with Director of Care (DOC).

WRITTEN NOTIFICATION: Falls prevention and management

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

Non-compliance with: O. Reg. 246/22, s. 54 (1)

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Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee has failed to comply with the home's falls prevention and management policy, related to the care of a resident when they had sustained a fall.

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

Specifically, registered staff did not comply with the home's policy titled, "Falls Prevention and Management", when they did not complete a specified document after the resident sustained an unwitnessed fall.

Sources: CI report; a resident's health care records; the home's internal investigation notes; the home's policy titled, "Falls Prevention and Management"; and interviews with direct care and registered staff, and the DOC.

WRITTEN NOTIFICATION: Continence care and bowel management

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (b)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

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(b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

The licensee has failed to ensure that the individualized plan to manage a resident's specific activity of daily living (ADL) was implemented, when staff did not follow the resident's specific plan.

A resident was not provided with the specified ADL for a period of time, even though the documentation by direct care staff indicated the care activities had been completed.

Sources: A resident's care plan; Point of Care (POC) documentation for a specified month; interview with direct care staff, and interview with DOC.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #004 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).

The licensee has failed to comply with the requirements outlined in the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (LTCHs) issued by the Director.

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In accordance with Additional Requirement 9.1 (d) under the IPAC Standard for LTCHs (April 2022, revised September 2023), the licensee has failed to uphold the proper use of personal protective equipment (PPE) when staff were inappropriately donning and wearing medical masks. Furthermore, in accordance with Additional Requirement 10.2 (b) under the IPAC Standard for LTCHs, the licensee has failed to ensure that the hand hygiene program for residents included 70-90% hand hygiene agents when residents were provided with an inappropriate method of hand hygiene prior to a meal service.

Sources: Observations of a home area and dining room; home's Hand Hygiene in the Dining Room policy; and interview with IPAC Lead.

COMPLIANCE ORDER CO #001 Responsive behaviours

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 58 (4)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

- (a) the behavioural triggers for the resident are identified, where possible;
- (b) strategies are developed and implemented to respond to these behaviours, where possible; and
- (c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

**The inspector is ordering the licensee to comply with a Compliance Order
[FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

- a) Review and revise the home's specified monitoring process to ensure that

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process is implemented as required. The revised process must include details on how breaks will be covered to ensure no interruption of specified monitoring process by dedicated staff members.

b) Ensure all personal support and registered staff are educated on the home's revised specified monitoring process.

c) Develop and implement a weekly auditing process to ensure that specified monitoring documents are completed for the entire duration a resident has the specified monitoring process implemented and that all the documents are filed in the resident's health care records. The auditing process must also ensure that the specific documents for monitoring the residents are fully completed anytime they are implemented and that the Point of Care (POC) and electronic Task Administration Record (eTAR) tasks for the completion of specified monitoring process are accurately documented.

d) Conduct the auditing process for a minimum of four weeks or longer if concerns continue to be identified and take corrective action for any deficiencies identified through the auditing process.

e) Maintain a record of everything required under sections a) through d).

Grounds

1) The licensee has failed to ensure that when a resident had exhibited responsive behaviours that actions were taken to respond to their needs, including developing strategies, developing interventions, and that the resident's responses were documented.

A resident had been exhibiting increased responsive behaviours, and when their health care records were reviewed, it indicated that a specified intervention had been initiated; however, the Inspector was unable to locate when it was implemented, discontinued or documentation from staff when it had been in place. As well, staff were to complete a specified monitoring process, and when the documentation was reviewed, it identified that it had not been completed.

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Therefore, a summary and evaluation of the resident's behaviours could not be completed.

Sources: CI report; a resident's health care records; the home's internal investigation notes; and interviews with direct care and registered staff, and the DOC.

2) The licensee has failed to ensure that a specified intervention implemented to respond to another resident's responsive behaviours were implemented.

As well, assessments, interventions and the resident's responses to the interventions were not documented. The staff were to complete a specified monitoring process for the resident; however, the documents identified missing documentation.

Sources: Specified intervention documentation; CI report; internal investigation notes; a resident's health care records; the home's policy titled "Responsive Behaviours/GentleCare Approach"; and interviews with direct care and registered staff, and the DOC.

This order must be complied with by August 26, 2025.

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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

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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

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

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Director

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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.