Ontario

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

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

Ottawa District
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Public Report

Report Issue Date: January 12, 2026

Inspection Number: 2025-1502-0007

Inspection Type:
Complaint
Critical Incident

Licensee: Providence Care Centre

Long Term Care Home and City: Providence Manor, Kingston

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 19, 22, 23, 30, 31, 2025 and January 5-9, 2026
The inspection occurred offsite on the following date(s): December 24, 2025
The following intake(s) were inspected:

- Intake: #00156593 and #00160659 were related to acute respiratory infections.
- Intake: #00159850 was related to alleged physical abuse of resident by resident.
- Intake: #00159958, #00161376 and #00163760 were related to alleged neglect of resident by staff.
- Intake: #00161244 was related to fire in a gazebo.
- Intake: #00161930 was related to alleged improper/incompetent treatment of resident by staff.
- Intake: #00162129, #00164223 and #00164584 were related to fall of resident that resulted in transfer to a hospital and a significant change in health status.
- Intake: #00163140 was a complaint with concerns related to an employee.

- Intake: #00164948 was related to alleged unlawful conduct that resulted in harm to resident by resident.
- Intake: #00165042 was a complaint by resident with concerns related to emotional abuse.

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

Resident Care and Support Services
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Responsive Behaviours
Reporting and Complaints
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care.

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

The written plan of care for a resident that sets out clear directions to staff and others who provide direct care included an electronic care plan and a Kardex that was posted in the resident room above their bed. On a day in December 2025, the

electronic care plan and Kardex were reviewed and review showed that the directions related to transfer and fall interventions were different.

Sources: resident's care plan, assessments and Kardex, observations of the resident and their room, and interviews with staff.

The written plan of care for a resident that sets out clear directions to staff and others who provide direct care included an electronic care plan and a Kardex that was posted in the resident room above their bed. On a day in January 2026, the electronic care plan and Kardex were reviewed and review showed that the directions related to fall interventions were different.

Sources: resident's care plan, progress notes and Kardex, observations of the resident and their room, and interviews with staff.

WRITTEN NOTIFICATION: Plan of Care

NC #002 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.

On a day in October 2025, a PSW provided care to a resident. Review of the October 2025 care plan for the resident and the long-term care home's investigation file of the incident showed that the resident did not receive care according to their care

plan. In an interview with the Administrator they confirmed that the care plan for the resident was not followed by the PSW when they provided care to the resident.

Sources: resident's care plan, investigation files, and interview with the Administrator.

As outlined in the licensee's internal investigation file, on a day in January 2026 a PSW provided personal care to a resident. Review of the care plan for the resident showed that the resident did not receive care according to their care plan. In an interview with the DOC it was stated that the PSW did not follow the plan of care for the resident when they provided care to the resident.

Sources: resident's care plan, investigation file interview transcript with PSW, Executive Summary of the Investigation of PSW, and interview with DOC.

WRITTEN NOTIFICATION: Documentation

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

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 had multiple falls during the month of November 2025 that resulted in a significant change in health status. On a day in November 2025 the care plan was

updated to include resident checks every thirty minutes. The provision of the care that was set out in the plan of care related to the resident's checks that occurred every thirty minutes was documented in the resident Constant/Close Observation flow sheets. There were multiple missing entries during the month of November and December 2025.

Sources: record review of resident's Constant/Close Observation flow sheets, and interview with staff.

WRITTEN NOTIFICATION: Policy to promote zero tolerance

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

Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

As outlined in the licensee's internal investigation file, a PSW was providing care to two residents on a day in January 2026 and these two residents reported concerns that they had about their care to the PSW. The PSW did not report this concern immediately, and instead reported it to an RPN who sent an email to ADOC with the concern.

The licensee's policy entitled Abuse and Neglect Free Environment states that staff are required to immediately report suspected neglect to their immediate supervisor.

In an interview with the DOC it was stated that the PSW and RPN did not follow the licensee's Abuse and Neglect Free Environment policy.

Sources: investigation file interview transcript of PSW, Abuse and Neglect Free Environment policy, and interview with DOC.

WRITTEN NOTIFICATION: Skin and wound care

NC #005 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,

(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 day in October 2025, a PSW reported to an RPN that a resident had altered skin integrity. The resident did not receive a skin assessment using the licensee's clinically appropriate assessment instrument specifically designed for skin and wound assessment for the altered skin integrity.
Sources: resident's skin/wound assessments in the Interactive View and I&O in Lumeo, the licensee's investigation notes, and interviews with staff.

WRITTEN NOTIFICATION: Infection prevention and control team.

NC #006 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).

In accordance with Additional Requirement 6.7 under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the Licensee shall ensure that all staff, students, volunteers and support workers comply with applicable masking requirements at all times. On a day in December 2025, a staff member was observed not using a procedure mask or face shield on resident home area Montreal 5 (M5). On a day in December 2025, M5 was declared on respiratory outbreak and declared organism was Rhinovirus. The Respiratory Outbreak Implementation Plan for this outbreak included recommendation of procedure mask and eye protection/face shield at all times.

Sources: observations of staff, record review of M5 outbreak entrance signage, the licensee's Respiratory Outbreak Implementation Plan, and the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, April 2022, revised September 2023.