

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: November 14, 2025

Inspection Number: 2025-1467-0005

Inspection Type:

Complaint
Critical Incident

Licensee: St. Joseph's Health Centre of Sudbury

Long Term Care Home and City: St. Gabriel's Villa of Sudbury, Chelmsford

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 3-7, 10, 12, 2025.

The following three intakes were inspected:

- One intake related to care concerns of a resident,
- One intake related to allegations of improper care of a resident, and
- One intake related to allegations of abuse of a resident.

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

Resident Care and Support Services
Prevention of Abuse and Neglect

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) (a)

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,

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(a) the planned care for the resident;

A staff member and the Substitute Decision-Maker (SDM) for a resident developed a plan of care for the resident. The plan was never documented nor updated into the resident's plan of care.

Sources: The home's policy titled "Care Plans" issued September 29, 2003, a resident's plan of care report and health care records, interviews with staff.

WRITTEN NOTIFICATION: Documentation

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

Non-compliance with: FLTCA, 2021, s. 6 (9)

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.
2. The outcomes of the care set out in the plan of care.
3. The effectiveness of the plan of care.

A resident exhibited responsive behaviours which were not documented in the resident's health care records.

Sources: A resident's health care records, interviews with staff.

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #003 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.

A staff member did not comply with the home's abuse policy when they became aware of an allegation of abuse of a resident but did not immediately report the allegations to the home.

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Sources: The home's policy titled "ZERO TOLERANCE FOR ABUSE AND NEGLECT (LTC)" issued September 29, 2003, the home's internal investigation, staff schedules, interviews with staff.

WRITTEN NOTIFICATION: Retraining

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

Non-compliance with: FLTCA, 2021, s. 82 (4)

Training

s. 82 (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations.

A staff member did not complete their annual zero tolerance of abuse and neglect of residents training for the 2024/2025 year.

Sources: The home's policy titled "ZERO TOLERANCE FOR ABUSE AND NEGLECT (LTC)" issued September 29, 2003, a staff member's abuse training record, interviews with staff.

COMPLIANCE ORDER CO #001 Duty to protect

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

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

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

a) Conduct a review and update the home's current zero tolerance of abuse and neglect policy and training to ensure compliance with all components under the FLTCA 2021, s. 25 and O. Reg. 246/22 s. 103.

b) Re-educate three identified staff members on the updated abuse policy.

c) Develop an oversight process to ensure that that no staff member identified in an investigation as requiring additional retraining returns to work prior to completing the

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retraining.

d) Maintain a written record of everything required under sections (a) through (c).

Grounds

a) As a resident exhibited signs of pain, a staff member used inappropriate language toward the resident.

Sources: The home's policy titled "ZERO TOLERANCE FOR ABUSE AND NEGLECT (LTC)" issued September 29, 2003, a CI report, the home's internal investigation, interviews with staff.

b) A staff member was identified that required extra retraining on the home's zero tolerance of abuse policy, which they did not complete before working additional shifts with residents.

Sources: staff schedules, retraining records for a staff member, interviews staff.

This order must be complied with by December 22, 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

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

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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
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

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

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.



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

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