

**Ministry of Long-Term Care**

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

**Hamilton District**

119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

## Public Report

**Report Issue Date:** April 4, 2025

**Inspection Number:** 2025-1701-0002

**Inspection Type:**

Post-Occupancy

**Licensee:** The Regional Municipality of Niagara

**Long Term Care Home and City:** Gilmore Lodge, Fort Erie

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: April 1, 2, 3 and 4, 2025.

The following intake was inspected: Intake: #00143806 for a Post Occupancy Review, home opened November 2024.

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

- Resident Care and Support Services
- Food, Nutrition and Hydration
- Safe and Secure Home
- Infection Prevention and Control
- Quality Improvement

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the

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licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

**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.

The licensee has failed to ensure that the written plan of care for a resident provided clear direction on their transfer status to staff and others who provided direct care. The written care plan identified that the resident required a level of assistance for transfers, while the posted lift logo and most recent assessment for transfers noted a different level of assistance.

On April 3, 2025, the plan of care was revised to be consistent with the logo and assessment.

Sources: Observation of lift logo at the bedside, review of current care plan and Lift and Repositioning Assessment, and interview with staff.

Date Remedy Implemented: April 3, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.**

Doors in a home

- s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

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The licensee has failed to ensure that a laundry room, a non-residential area, was kept closed and locked, when the room was not supervised by staff. The door was locked on April 2, 2025, by staff.

Sources: Observation of the laundry room and discussion with staff.

Date Remedy Implemented: April 2, 2025

**WRITTEN NOTIFICATION: Plan of Care**

NC #003 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.

The licensee has failed to ensure that the assistance of staff for dressing and transferring, as set out in the plan of care, was provided to a resident, on two occasions.

Sources: Review of the current plan of care and posted lift logo, interviews with the resident and staff.

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

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