

Ministry of Long-Term Care

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

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Public Report

Report Issue Date: November 27, 2025

Inspection Number: 2025-1582-0004

Inspection Type:

Complaint
Critical Incident

Licensee: Corporation of the County of Simcoe

Long Term Care Home and City: Simcoe Manor Home for the Aged, Beeton

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 12-14, 18-21, 26-27, 2025

The following intake(s) were inspected:

- Intake #00155663 -M573-000043-25 - related to the prevention of abuse and neglect.
- Intake #00158460 - M573-000047-25 - related to an outbreak.
- Intake #00161936 - related to a complaint about resident care and whistleblowing protections.

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

Contenance Care
Resident Care and Support Services
Infection Prevention and Control
Whistle-blowing Protection and Retaliation

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Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #001 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.

The home's Zero Tolerance of Abuse and Neglect Policy stated that all staff are required to immediately report to the charge nurse on duty in the home at the time of a witnessed or alleged incident of abuse or neglect.

A staff member did not report an incident to the charge nurse immediately.

Sources: The home's Investigation notes, Zero Tolerance of Abuse and Neglect Policy; Interview's with staff.

WRITTEN NOTIFICATION: Palliative care

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

Non-compliance with: O. Reg. 246/22, s. 61 (4) (b)

Palliative care

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s. 61 (4) The licensee shall ensure that, based on the assessment of the resident's palliative care needs, the palliative care options made available to the resident include, at a minimum,

(b) symptom management;

The home's palliative care program policy indicated that residents in this program would be monitored by the care team, and symptoms would be managed using the symptom relief for palliative care residents order set.

A resident's palliative care order set was not used when they were experiencing pain and discomfort.

Sources: A resident's clinical records, the homes palliative care program policy, the home's investigation notes; Interviews with staff.