

Ministry of Long-Term Care

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

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

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report**Report Issue Date:** December 15, 2025**Inspection Number:** 2025-1619-0007**Inspection Type:**

Complaint
Critical Incident

Licensee: The Corporation of Norfolk County**Long Term Care Home and City:** Norview Lodge, Simcoe**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): December 8, 9, 10, 15, 2025.
The inspection occurred offsite on the following date(s): December 11, 12, 2025.

The following intake(s) were inspected:

- Intake: #00160371 - M624-000034-25 Fall of resident with injury.
- Intake: #00161330 - M624-000035-25 Alleged abuse of resident.
- Intake: #00161956 - M624-000036-25 Fall of resident with injury.
- Intake: #00162900 - M624-000038-25 Fall of resident with injury.
- Intake: #00161186 - Complainant.

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

Prevention of Abuse and Neglect
Responsive Behaviours
Reporting and Complaints
Falls Prevention and Management

INSPECTION RESULTS**Non-Compliance Remedied**

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Non-compliance was found during this inspection and was **remedied** by the 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. 26 (1) (a)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(a) ensure that there are written procedures that comply with the regulations for initiating complaints to the licensee and for how the licensee deals with complaints;

The family of a resident made a complaint to the home. During an interview, the management of the home acknowledged that they had not followed the home's policy "Managing and Reporting Complaints" when they did not send a response to the complainant that aligned with the home's policy. Subsequently they emailed a response to the complainant that complied with the home's policy.

Sources: record review of Long Term Care Home's policy "Managing and Reporting Complaints", emails to complainant; interview with staff.

Date Remedy Implemented: December 10, 2025

WRITTEN NOTIFICATION: Duty To Protect

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

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.

A resident was not protected from abuse from another resident when staff observed an incident of alleged abuse from one resident to another on two different dates.

In an interview with the management of the home, they stated that the outcome of their investigation of both incidents was founded abuse.

Sources: Review of Critical Incident (CI); review of home's investigation notes and clinical records; interviews with staff.

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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.

Staff in the home did not comply with the Zero Tolerance of Abuse and Neglect policy when there was an incident of alleged abuse between two residents.

The home's zero tolerance of abuse and neglect policy indicated that staff are to support residents who have been abused or neglected or allegedly abused or neglected by doing the following:

"-The Power of Attorney/SDM will be notified if applicable by the Administrator or Manager.

-Registered Staff to complete a head to toe assessment and recommend interventions to address any issues.

-Attending physician to complete an assessment and recommend appropriate interventions to address any issues

-Supportive counselling to be offered/provided."

A staff member observed one resident allegedly abuse another resident. They did not notify the Power of Attorney, the management of the home or the physician.

Additionally, no assessments, documentation or supports were put in place for the resident.

Sources: Review of Critical Incident (CI), review of the home's Policy # A-26 Zero Tolerance for Abuse and Neglect of Residents. Approval Date: 1999. Effective Date: 1999. Last Revision: November 17, 2025; the home's investigation notes and clinical records; interviews with staff.

WRITTEN NOTIFICATION: Reporting certain matters to Director

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

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Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

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:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

When an incident of alleged abuse of a resident by another resident that resulted in harm or a risk of harm to the resident occurred, the licensee did not immediately report the suspicion and the information upon which it was based to the Director.

The home reported a critical incident (CI), under the reporting category of reporting certain matters - abuse of a resident by anyone. During that investigation that the home completed, it was discovered that a staff member observed a resident abuse another resident. The staff members did not report this to management of the home or the Director.

Sources: Review of Critical Incident (CI); the home's investigation notes and the clinical records; interviews with staff.

WRITTEN NOTIFICATION: Falls Prevention

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The home's Falls Prevention policy indicated that after a resident fall, staff were to review current fall risk as per last Morse Fall Assessment and complete pain assessment.

When a resident sustained an unwitnessed fall and transfer to hospital, the staff did not complete a Morse Fall Assessment or Pain Assessment at the time of the fall or upon

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return from the hospital.

Sources: Clinical records; the home's policy titled Fall Prevention and Management Program specifically Fall and Post Fall Assessment and Management and interview with staff.

WRITTEN NOTIFICATION: Skin and Wound

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

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,
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

In accordance with O. Reg 246/22, s. 55 (2) (b) (iv), the licensee is required to ensure that a resident exhibiting altered skin integrity, will receive a weekly assessment using the skin and wound app.

The home's Skin and Wound Care Program policy indicated that residents with bruises and lacerations will receive a weekly assessment using the skin and wound app.

When a resident sustained an unwitnessed fall resulting in an alteration in skin integrity, a skin and wound assessment was not completed weekly.

Sources: Clinical records; the home's policy titled "Skin and Wound Care Program" and interview with staff.

WRITTEN NOTIFICATION: Lost Clothing/Item

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 95 (1) (a) (iv)

Laundry service

s. 95 (1) As part of the organized program of laundry services under clause 19 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,

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- (a) procedures are developed and implemented to ensure that,
- (iv) there is a process to report and locate residents' lost clothing and personal items;

When a resident's belongings were reported missing, the home did not follow their policy "Lost Clothing/Items" when the lost items were not added to the lost items document in the home area laundry room and when they did not follow-up with the complainant within the period of time specified in the home's policy.

Sources: Record review of the home's policy "Lost Clothing/Items" and other internal records; interview with staff.



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