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

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

Public Report

Report Issue Date: March 26, 2026
Inspection Number: 2026-1619-0001
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): March 17-20, 23-26, 2026

The following intake(s) were inspected:
- Intake: #00164712 - Complainant has concerns with the LTCH operation (Medication Management System, Continence Care and Bowel Management, Resident Drug Regimes, Staffing, Plan of Care, and the Complaints Process).
- Intake: #00168276 Fall of resident sustaining an injury.
- Intake: #00169729 Fall of resident sustaining an injury.
- Intake: #00171577 Fall of resident sustaining an injury.

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

Resident Care and Support Services
Medication Management
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;

The care plan does not reflect the current level of assistance that a resident needs for mobility, locomotion and feeding. Care observed was above the level of care described in the care plan. Most recent Registered Dietitian assessment indicated the resident's need for feeding assistance can vary. The last physiotherapy assessment/note did not reflect the resident's current decline in locomotion capabilities.

Sources: Clinical records for the resident, interviews with frontline staff.

WRITTEN NOTIFICATION: Skin and wound care

NC #002 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,

A skin assessment was not completed for a resident, who exhibited altered skin integrity, as required.

The clinical records for a resident indicated that upon return from medical treatment, a new assessment for an area of altered skin integrity was required. A fully completed skin assessment was not documented in Point Click Care.

A staff confirmed in an interview that the area of altered skin integrity for that resident was not assessed as clinically indicated.

Sources: Review of the resident's clinical records and an interview with the staff.

WRITTEN NOTIFICATION: Skin and wound care

NC #003 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;

A resident who had altered skin integrity, was not reassessed at least weekly as clinically indicated.

Review of the clinical records indicated that a resident returned from medical treatment, requiring monitoring. Weekly skin and wound reassessment required was not completed on a date indicated in the treatment administration record (TAR). The treatment administration record indicated the task was completed but there was no supporting documentation indicating weekly reassessment was completed.

During an interview, a staff confirmed that the weekly skin and wound assessment for the resident's area of altered skin integrity was not completed as required.

Sources: Clinical records for the resident, and interview with a staff.

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