

**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 9, 2025**Inspection Number:** 2025-1598-0003**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** Corporation of the County of Elgin**Long Term Care Home and City:** Bobier Villa, Dutton**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): December 1, 2, 3, 4, 5 and 9, 2025.

The following intake(s) were inspected:

- Intake: #00164003 - Proactive Compliance Inspection

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

Continence Care  
Medication Management  
Infection Prevention and Control

**INSPECTION RESULTS****Non-Compliance Remedied**

**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: O. Reg. 246/22, s. 123 (2)**

Medication management system

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s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The home's policy titled Medication Administration last revised November 2025, did not include protocols related to Personal Support Workers (PSW) administering medications.

During interviews with PSW staff they indicated that under the direction of a registered staff member they had administered topical medication to residents in the home.

An interview with a management staff, they acknowledged that they were unaware that PSW staff were administering medication, therefore it was not part of the home's policy or current practices.

On December 4, 2025, the home issued a memorandum to the nursing staff that effective immediately this practice was to stop.

Sources: interviews and policy record review

Date Remedy Implemented: December 4, 2025

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

**Non-compliance with: O. Reg. 246/22, s. 272**

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

On December 1st, 2025, numerous bottles of hand sanitizer were found to be expired throughout the home, contrary to applicable directives issued by the Chief Medical Officer of Health or a medical officer of health. As per a directive on page 26 of 'Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings' issued by the Ministry of Health, all hand sanitizer available in the home must have not been expired.

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On December 1, 2025, an inspector observed several bottles of hand sanitizer and several wall unit hand sanitizers throughout the home that were expired. These were brought to the attention of management and were replaced before the inspection concluded.

All noted expired products were replaced by December 4, 2025.

Sources: December 1st, 3rd and 4th, 2025 Observations, discussion with IPAC Lead and Administrator.

Date Remedy Implemented: December 4, 2025

**WRITTEN NOTIFICATION: Infection Prevention and Control  
Program**

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 102 (9)**

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

A resident had signs and symptoms indicating the presence of infection. A record review of the resident's clinical records cited that the presence of infection was not monitored and documented on every shift.

**Sources:** Clinical records for a resident and a staff interview