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

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

# Public Report

| |
|---|
| **Report Issue Date:** April 17, 2025 |
| **Inspection Number:** 2025-1195-0002 |
| **Inspection Type:**<br>Critical Incident |
| **Licensee:** Schlegel Villages Inc. |
| **Long Term Care Home and City:** Coleman Care Centre, Barrie |

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 15, 16, 2025

- An inspection was completed related to the loss of essential services for approximately 19.5 hours.

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

Safe and Secure Home

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Generator

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 22 (1) (a)**
Generators
s. 22 (1) Subject to subsections (2) and (3), every licensee of a long-term care home shall ensure that the home is served by a generator that is available at all times and

that has the capacity to maintain, in the event of a power outage,
(a) the heating system;

The licensee has failed to ensure that the home was served by a generator that was available at all times and that had the capacity to maintain, in the event of a power outage, the heating system.

On March 30, 2025, the city in which the long-term care home was situated experienced wide-spread power outages. The home was without power for a total of 19.5 hours. A generator with limited capacity was not able to support the heating system. Air temperatures in resident rooms and the dining rooms could not be maintained at or above 22C.

**Sources:** Interview with the Executive Director, Dietary Manager on April 15, 2025, three different esidents on April 16, 2025, the LTCH's Loss of Hydro/Blackout emergency plan (Tab 12-01).

## WRITTEN NOTIFICATION: Generator

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 22 (1) (c)**
Generators
s. 22 (1) Subject to subsections (2) and (3), every licensee of a long-term care home shall ensure that the home is served by a generator that is available at all times and that has the capacity to maintain, in the event of a power outage,
(c) essential services, including dietary services equipment required to store food at safe temperatures and prepare and deliver meals and snacks, equipment required to store drugs at safe temperatures and to prepare and deliver drugs, the resident-staff communication and response system, elevators and life support, safety and emergency equipment. O. Reg. 246/22, s. 22 (1); O. Reg. 66/23, s. 2.

The licensee has failed to ensure that the home was served by a generator that was available at all times and that had the capacity to maintain, in the event of a power outage, essential services including dietary services equipment required to store food at safe temperatures, the resident-staff communication and response system, safety and emergency equipment.

On March 30, 2025, the city in which the long-term care home was situated experienced wide-spread power outages. The home was without power for a total of 19.5 hours. A generator with limited capacity was used at the time of the outage which could not support both the walk-in cooler and walk-in freezer, food prepareation appliances such as the steamer, the resident-staff communication and response system, magnetic door locking systems, and the fire safety system.

**Sources:** Interview with the Executive Director, and Dietary Manager on April 15, 2025, the maintenance person on April 16, 2025, and three separate residents on April 16, 2025, LTCH's emergency plan (Loss of Hydro/Blackout -Tab 12-01).

## WRITTEN NOTIFICATION: Dining and snack service

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.**
Dining and snack service
s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

The licensee has failed to ensure that the home had a dining service that included food and fluids being served at a temperature that was safe and palatable to

residents on March 30, 2025.

The licensee lost power on March 30, 2025 for a total of 19.5 hours and did not have generator capacity to support both the walk-in cooler and walk-in freezer at the same time for the duration of the outage. Staff did not document the temperature of the cooler, freezer or the prepared food items that were offered during the breakfast, lunch or dinner meals on the same date.

The licensee's food temperature control procedure required dietary staff to conduct food temperature checks just before leaving the kitchen for high-risk foods such as dairy-based foods, eggs and meats. Cream of wheat, egg salad sandwiches and sandwiches containing turkey, ham or roast beef were prepared and served on March 30, 2025, but were not measured to determine acceptable food safety temperatures.

**Sources:** Interview with the Dietary Manager on April 15, 2025, and review of the LTCH's policy [Food Temperature Control (Tab 09-28)] and fridge and freezer temperature logs for March 2025.

## COMPLIANCE ORDER CO #001 Maintenance services

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
**Non-compliance with: O. Reg. 246/22, s. 96 (2) (g)**
Maintenance services
s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;

**The Inspector is ordering the licensee to prepare, submit and implement a plan**

**to ensure compliance with O. Reg. 246/22, s. 96 (2) (g) [FLTCA, 2021, s. 155 (1) (b)]:**
The plan must include but is not limited to:

- How the hot water system that serves resident accessible plumbing fixtures will be modified, altered or repaired to ensure that hot water temperatures remain below 49˚C; and
- How residents will be monitored to prevent potential scalding and how residents and staff will be made aware of the hot water temperatures until the system has been altered, modified or repaired to consistently and reliably remain below 49˚C..

**Grounds**

The licensee has failed to ensure that procedures were implemented to ensure that the temperature of the water serving all hand basins used by residents did not exceed 49˚C (degrees Celsius), and was controlled by a device, inaccessible to residents, that regulated the temperature. Hot water temperatures recorded at resident accessible hand wash basins by staff were over 49˚C on numerous occasions on different shifts, especially the night shift between early February and mid-April 2025. Immediate responses taken to reduce the temperature were successful only for short periods of time. Hot water temperatures recorded by the inspector at resident accessible hand wash basins (bathrooms and dining rooms) were over 49˚C on the first date of inspection. The mixing valve, a device designed to regulate the hot water temperature servicing resident areas was not functioning as intended. Numerous adjustments and visits by a plumber between early January and mid-March 2025, failed to rectify the fluctuating water temperatures.

**Sources:**

Water temperature measurements, interview with the Executive Director on April 15, 2025, interview with the maintenance person on April 16, 2025, LTCH's hot water temperature procedures (Tab 07-13, Tab 06-18), plumbing contractor service reports.

**This order must be complied with by May 19, 2025.**

## REVIEW/APPEAL INFORMATION

**TAKE NOTICE**The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**
Attention Registrar
151 Bloor Street West, 9th Floor

Toronto, ON, M5S 1S4

**Director**
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.