

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: September 11, 2025

Inspection Number: 2025-1541-0003

Inspection Type:

Critical Incident

Licensee: Corporation of the County of Dufferin

Long Term Care Home and City: Dufferin Oaks, Shelburne

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 4, 5, 9 - 11, 2025

The following intake(s) were inspected:

-Intake: #00153811 – CI# M516-000016-25: related to an outbreak

-Intake: #00155142 – CI# M516-000020-25: related to an allegation of resident abuse

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

- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Responsive Behaviours

INSPECTION RESULTS

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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. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director, was complied with.

In accordance with Additional Requirement 5.6 under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee failed to ensure the home had policies and procedures in place to determine the frequency of surface cleaning and disinfection using a risk stratification approach.

The home provided the inspector with a new Cleaning and Disinfection Risk Assessment Policy, which outlined the procedure to determine the minimum cleaning frequency using a risk stratification approach.

Sources: Cleaning and Disinfection Risk Assessment Policy, Policy #3-450, effective September 2025.

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Date Remedy Implemented: September 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.

The licensee has failed to ensure that a resident was protected from physical abuse.

In accordance with O. Reg 246/22, s. 2 (1) (c) Physical abuse is defined as the use of physical force by a resident that causes physical injury to another resident.

The resident suffered an injury when they were physically abused by a co-resident.

Source: progress note, skin and wound evaluation, interview with staff

WRITTEN NOTIFICATION: Altercations and other interactions between residents

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

Non-compliance with: O. Reg. 246/22, s. 59 (b)

Altercations and other interactions between residents

s. 59. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,

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(b) identifying and implementing interventions.

The licensee has failed to ensure that steps were taken to minimize the risk of altercations and potentially harmful interactions between and among residents.

After a resident-to-resident altercation, no steps were taken to identify triggers by involving interdisciplinary team members, and implementing identified interventions on their plan of care.

Source: progress note, care plan, Responsive Behaviour Prevention and Management Program (#1-1830; revised July 2025), interview with Staff

WRITTEN NOTIFICATION: Behaviours and altercations

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

Non-compliance with: O. Reg. 246/22, s. 60 (a)

Behaviours and altercations

s. 60. Every licensee of a long-term care home shall ensure that,

(a) procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents; and

The licensee has failed to ensure that procedures and interventions were implemented to assist a resident who was at risk of harm.

After a resident-to-resident altercation, the home did not complete a required assessment according to the home's policy.

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Source: progress note, responsive behaviour prevention and management program (#1-1830; revised July 2025), interview with Staff

WRITTEN NOTIFICATION: Reports re critical incidents

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

Non-compliance with: O. Reg. 246/22, s. 115 (1) 5.

Reports re critical incidents

s. 115 (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (5):

5. An outbreak of a disease of public health significance or communicable disease as defined in the Health Protection and Promotion Act.

The licensee failed to ensure the Director was immediately informed of an outbreak.

Sources: Home's CI report, interview with Staff

COMPLIANCE ORDER CO #001 Housekeeping

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (ii)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with

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evidence-based practices and, if there are none, in accordance with prevailing practices:

(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 93 (2) (b) (ii) [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to:

The Licensee shall prepare, submit, and implement a plan to ensure that there are procedures that are developed and implemented for cleaning and disinfection of transfer slings, performed in accordance with evidence-based practices. The plan shall include but is not limited to:

- (a) A method to track how many residents in the home require the use of transfer slings and the type of slings required;
- (b) How the home will source a sufficient amount of transfer slings to dedicate to every resident identified in (a), who require a transfer sling;
- (c) Developing and implementing a policy and procedure to identify how the home will clean and disinfect transfer slings, if they are being shared between residents;
- (d) Creating and implementing a process to evaluate whether staff are consistently following the new policy (e.g., an audit system);
- (e) A process for how all staff that use the slings, including Personal Support Workers, will be trained related to the cleaning and disinfecting of transfer slings.

Grounds

The licensee failed to ensure that there were procedures that were developed and implemented for cleaning and disinfection of transfer slings, performed in accordance with evidence-based practices.

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The home did not have enough transfer slings to ensure residents who required this equipment for their care had this dedicated to them. Transfer slings were shared between residents and staff were not aware of any processes in place to clean and disinfect the equipment. The home's policy did not include procedures for cleaning and disinfection of transfer slings. There was a risk for the spread of microorganisms between residents when there was sharing of transfer slings without processes in place for cleaning and disinfection.

Sources: Interviews with staff and observations; the home's Cleaning Nursing Care Equipment Policy #1-460, revised October 2022; and email correspondence with the home

This order must be complied with by December 3, 2025

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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

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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:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

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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.