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
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Public Report

Report Issue Date: December 19, 2025

Inspection Number: 2025-1541-0004

Inspection Type:
Complaint
Critical Incident
Follow up

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): December 9 – 12, 14 – 19, 2025
The inspection occurred offsite on the following date(s): December 18, 2025

The following intake(s) were inspected:
-Follow-up intake related to Housekeeping, Laundry and Maintenance Services
-Critical incident (CI) Intake related to Falls Prevention and Management
-Complaint Intake related to Resident Care and Support Services
-CI Intake related to Infection Prevention and Control

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2025-1541-0003 related to O. Reg. 246/22, s. 93 (2)

(b) (ii)

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

Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty of Licensee to Comply with Plan

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

An intervention that was set out in a plan of care of a resident was not seen during an inspector observation.

Sources: inspector observation, resident's plan of care, and interviews with 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,

An altered skin condition of a resident was not assessed in a timely manner using a clinically appropriate skin assessment instrument.

Sources: resident's clinical record, interview with 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) A resident sustained altered skin conditions that were initially assessed however, there were several instances where subsequent weekly skin assessments were not completed in a timely manner.

Sources: resident's clinical record, and interview with staff.

B) A resident sustained altered skin conditions that were assessed however, re-assessments were not completed in a timely manner.

Sources: resident's clinical record, and interview with staff.

C) A resident sustained altered skin conditions however, weekly skin assessments were not completed in a timely manner.

Sources: resident's clinical records, and interview with staff.

WRITTEN NOTIFICATION: Infection prevention and control program

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

In place of evidenced based point-of-care signages for additional precaution, several resident rooms had alternative signages.

Sources: Inspector observations, 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 (3) 4.
Reports re critical incidents
s. 115 (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):
4. Subject to subsection (4), an incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident's health condition.

The home did not report an incident where a resident had a significant change in their condition to the Director in a timely manner.

Sources: CIS Report, progress note, interview with staff