

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

## Public Report

**Report Issue Date:** July 4, 2025

**Inspection Number:** 2025-1353-0003

**Inspection Type:**

Critical Incident

**Licensee:** Valley East Long Term Care Centre Inc.

**Long Term Care Home and City:** Elizabeth Centre, Val Caron

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 9 to 13, 2025.

The following intake(s) were inspected:

- Two intakes related to alleged neglect of a resident by staff members;
- One intake related to alleged physical abuse of a resident by a staff, and
- One intake related to alleged improper/incompetent care of a resident by a staff member.

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

Resident Care and Support Services  
Continence Care  
Safe and Secure Home  
Prevention of Abuse and Neglect

## INSPECTION RESULTS

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

**WRITTEN NOTIFICATION: Integration of assessments, care**

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 6 (4) (b)**

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,  
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

The licensee has failed to ensure that specified staff members collaborated with the registered staff in the implementation of a resident's plan of care so that the different aspects of care were integrated.

Sources: The home's policy titled "LTC Plan of Care (Care Planning)" last revised June 12, 2024, a resident's health care records and plan of care, interviews with staff members.

**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 abuse by a staff member.

Sources: A CI report, review of a resident's clinical records; review of the home's internal investigation record, review of the home's policy titled, "LTC Abuse – Zero

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

Tolerance Policy for resident Abuse and Neglect”, revised date January 1, 2025,  
interviews with the Acting Administrator, a resident and other staff.

## **WRITTEN NOTIFICATION: Air temperature**

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

**Non-compliance with: O. Reg. 246/22, s. 24 (5)**

Air temperature

s. 24 (5) The licensee shall keep a record of the measurements documented under subsections (2), (3) and (4) for at least one year.

The licensee has failed to keep the home’s air temperature records for at least one year, as there were no documentation records prior to a specified date.

Sources: Review of air temperature logs; review of the home’s policy titled, “LTC Air Quality and Recording Policy”, last reviewed date April 21, 2025, interview with the Environmental Manager (EM), a resident and other staff.

## **WRITTEN NOTIFICATION: Responsive behaviours**

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

**Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)**

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident’s responses to interventions are documented.

a) The licensee has failed to ensure that an assessment was undertaken to respond to a resident who demonstrated ongoing responsive behaviours when no Dementia

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

Observation System (DOS) monitoring tool was initiated by registered staff.

Sources: The home's policy titled "LTC Responsive Behaviour Program" last revised August 14, 2024, a CI report, a resident's health care records, interview with a Co-DOC.

b) The licensee has failed to ensure that a resident's plan of care was updated to include interventions that addressed responsive behaviours that were identified during responsive behaviour incidents.

Sources: The home's policy titled "LTC Responsive Behaviour Program" last revised August 14, 2024, a CI report, a resident's health care records and plan of care, interview with a Co-DOC.

**COMPLIANCE ORDER CO #001 Policy to promote zero tolerance**

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: FLTCA, 2021, s. 25 (1)**

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

**The inspector is ordering the licensee to comply with a Compliance Order  
[FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

a) Provide a specified staff member with retraining on their duty to immediately report any suspicion of abuse or neglect of a resident.

b) Develop a process for ensuring that there is oversight to confirm that all steps in

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

the home's Prevention of Abuse and Neglect policy are implemented as required; including but not limited, to notification of the resident's Substitute Decision-Maker (SDM), notification of the Director and documentation of the investigation. The process must also include oversight to ensure that residents are protected from subsequent abuse and neglect pending the outcome of an investigation and that any corrective actions identified as a result of an investigation are implemented as required.

c) Revise the home's policy titled, "LTC Abuse - Zero Tolerance Policy for Resident Abuse and Neglect", to include the steps registered staff are to take in the event of physical injury to a resident following witnessed and unwitnessed allegations of abuse.

d) Educate all registered staff on the associated policy revisions.

e) Maintain a record of everything required under sections (a) through (d).

**Grounds**

a) The licensee has failed to ensure that a staff member complied with the home's zero tolerance of abuse policy when they did not immediately report their suspicion that a resident had been neglected to the most senior administrative staff present in the home.

Sources: A CI report, a resident's health care records, the home's policy titled "LTC Abuse – Zero-Tolerance Policy for Resident Abuse and Neglect" last revised January 1, 2025, interviews with the Acting Administrator and other staff.

b) The licensee has failed to ensure that a Director of Care (DOC) complied with the home's zero tolerance of abuse policy when they did not conduct a thorough investigation by interviewing of all staff involved in a CI investigation.

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

Sources: A CI report, the home's policy titled "LTC Abuse – Zero-Tolerance Policy for Resident Abuse and Neglect" last revised January 1, 2025, the Administrative Abuse Checklist, the home's internal investigation, interviews with the Acting Administrator and other staff.

c) The licensee has failed to ensure that a DOC complied with the home's zero tolerance of abuse policy when the results of the internal investigation into a CI was not reported to a resident's SDM.

Sources: A CI report, the home's policy titled "LTC Abuse – Zero-Tolerance Policy for Resident Abuse and Neglect" last revised January 1, 2025, a resident's health care records, interview with the Acting Administrator.

d) The licensee has failed to ensure that a DOC complied with the home's zero tolerance of abuse policy when the results of the internal investigation into a CI was not reported to the Director.

Sources: A CI report, the home's policy titled "LTC Abuse – Zero-Tolerance Policy for Resident Abuse and Neglect" last revised January 1, 2025, interview with the Acting Administrator.

e) The licensee has failed to ensure that the written policy to promote zero tolerance of abuse and neglect of residents was complied with. Specifically, the reported physical abuse of a resident, which the home failed to identify or fully investigated.

Sources: A CI report, review of the home's policy titled "LTC Abuse - Zero Tolerance Policy for Resident Abuse and Neglect", review of the home's internal investigation file, interview with the Acting Administrator.

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

**This order must be complied with by** August 29, 2025

**COMPLIANCE ORDER CO #002 Transferring and positioning techniques**

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

**Non-compliance with: O. Reg. 246/22, s. 40**

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

Specifically, the licensee shall:

- a) Provide on-site retraining to a specified staff member related to the home's policy for Resident Transfer, Lift and Positioning Guidelines.
- b) Maintain a record of the training that was completed under section (a).

**Grounds**

The licensee has failed to ensure that staff were to use safe positioning techniques when assisting a resident when a staff member unsafely positioned a resident which resulted in the resident sustaining injuries.

**Sources:** A CI report, a resident's clinical records, the home's policy titled "Resident Transfer, Lift and Positioning Guidelines", last review date August 24, 2024, the home's internal investigation, interviews with the Acting Administrator and other staff.

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

**This order must be complied with by** August 29, 2025

**COMPLIANCE ORDER CO #003 Required programs**

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 53 (1) 3.**

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.

**The inspector is ordering the licensee to comply with a Compliance Order  
[FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

a) Conduct a review of the home's continence program to ensure the program complies with all requirements set out under O. Reg 246/22 s. 56.

b) Develop an auditing process to ensure that:

- i) When staff alter a resident's continence care interventions that an assessment of continence is conducted by registered staff,
- ii) When staff alter a resident's continence product, a change in product status form is completed and communicated to the Continence Program Lead, and,
- iii) When staff alter a resident's continence care interventions, the changes are discussed with and consented to by the resident's SDM.

c) Conduct a review of a specified resident's continence plan of care, continence binder information and the care being provided by staff to ensure they are accurate and consistent with each other.



**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

d) Maintain a record of everything required under sections a) through c).

**Grounds**

Pursuant to Ontario Regulation (O. Reg.) 246/22 s. 11 (1) b, the licensee is required to comply with the home's continence care and bowel management program.

a) The licensee has failed to ensure that a resident had an assessment of continence as required in the home's continence program, when the staff began trialing different continence products.

Sources: The home's policy titled "LTC Continence Care and Bowel Management – Program" last revised May 17, 2022, a resident's health care records, interviews with a Co-DOC and other staff.

b) The licensee has failed to ensure that staff complied with the home's continence program when they trialed new and old interventions in response to changes in a resident's continence status which were not communicated to the Continence Lead.

Sources: The home's policy titled "LTC Continence Care and Bowel Management – Program" last revised May 17, 2022, a home area's Continence binder, a resident's health care records, interviews with a Co-DOC and other staff.

c) The licensee has failed to ensure that staff complied with the home's continence program when a resident had various continence care interventions to manage their continence trialed by staff but never discussed with the resident's SDM.

Sources: The home's policy titled "LTC Continence Care and Bowel Management – Program" last revised May 17, 2022, a resident's health care records, a CI report and an interview with a Co-DOC.

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

d) The licensee has failed to ensure that the staff complied with the home's continence program when a resident's continence plan of care was not updated as required to provide clear direction to staff.

Sources: The home's policy titled "LTC Continence Care and Bowel Management – Program" last revised May 17, 2022, a resident's plan of care, a home area's Continence binder, interviews with a Co-DOC and other staff.

**This order must be complied with by August 29, 2025**

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

**REVIEW/APEAL 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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

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, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).