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

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

Public Report

Report Issue Date: April 2, 2026

Inspection Number: 2026-1353-0003

Inspection Type:
District Initiated
Complaint
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): March 17-18, and 23-26, 2026.
The inspection occurred offsite on the following date(s): March 17, 2026.

The following intakes were inspected:

- One intake re: allegations of neglect of a resident.
- Two intakes: Complaints re: care concerns of a resident.
- One intake: Complaint: concerns re: staffing.
- Two intakes: Complaints re: temperatures and housekeeping.
- One intake: Environmental Hazard- heating failure.
- One intake: re: privacy and confidentiality of personal health information.

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

Resident Care and Support Services
Medication Management
Food, Nutrition and Hydration
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Residents' Rights and Choices

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 1.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

Care of a resident was not documented as complete on multiple evenings in February and March, 2026.

Sources: Resident electronic health records, interviews with staff.

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
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 home's policy identified suspected allegations of abuse or neglect shall be reported immediately as per the home's procedure, which identified staff members were to immediately report their suspicion to the most senior administrative personnel or Charge Nurse if no manager is on site at the home.

a) An allegation of resident abuse was not immediately reported by staff to the Charge Nurse.

b) When a staff member was made aware of a resident specific intervention for safety was not functioning, no immediate actions were taken to address the issue.

Sources: Resident electronic health records, home's investigation notes, the home's policy; and, interviews with 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 (1)
Air temperature
s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The licensee had not ensured the home was maintained at a minimum temperature of 22 degrees Celsius, on specific dates, in January and February 2026.

Sources: Critical Incident (CI) and investigation file; temperature logs in the home for January and February 2026; and interviews with staff.

WRITTEN NOTIFICATION: Nursing and personal support services

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 35 (2)
Nursing and personal support services
s. 35 (2) Every licensee of a long-term care home shall ensure that there is a written staffing plan for the programs referred to in clauses (1) (a) and (b).

The home did not have a written staffing plan for the organized programs of nursing and personal support services.

Sources: Interviews with management.

WRITTEN NOTIFICATION: Falls prevention and management

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 54 (1)
Falls prevention and management
s. 54 (1) The falls prevention and management program must, at a minimum, provide

for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

A resident did not have their fall interventions in place, as was required in their plan of care.

Sources: Inspector observations, resident electronic health records, CI investigation file, the home's policy; and, interviews with staff.

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #006 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).

Staff provided care to a resident on additional precautions, without donning the required Personal Protective Equipment (PPE).

Sources: Inspector observations, interviews with staff.

WRITTEN NOTIFICATION: Medication administration

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 140 (2)
Administration of drugs
s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

A resident's medication was not administered as ordered.

Sources: Resident electronic health records, interviews with staff.

WRITTEN NOTIFICATION: Medication incidents

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 147 (2)
Medication incidents and adverse drug reactions
s. 147 (2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,
(a) all medication incidents, incidents of severe hypoglycemia, incidents of unresponsive hypoglycemia, adverse drug reactions and every use of glucagon are documented, reviewed and analyzed;
(b) corrective action is taken as necessary; and
(c) a written record is kept of everything required under clauses (a) and (b). O. Reg. 66/23, s. 30.

A medication incident involving a resident was not reviewed or analysed by the home.

Sources: Resident electronic health records, medication incident report, interviews with staff, home's policy.

COMPLIANCE ORDER CO #001 Residents' Bill of Rights

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 3 (1) 19. iv.
Residents' Bill of Rights
s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
19. Every resident has the right to,
iv. have their personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to their records of personal health information, including their plan of care, in accordance with that Act.

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 to ensure that resident Personal Information/Personal Health

Information (PI/PHI) is removed when required. Maintain a record of the details of the review, including records reviewed, participants involved, dates(s) of the review, and any corrective actions implemented; and
b) Conduct education on the home's Privacy policy. Maintain records of the date of the education, information reviewed, the names of participants, and the person responsible for providing the education.

Grounds

Specific personal information and personal health information of residents was accessible in the home.

Sources: Inspector observations, interviews with the home, the home's policy titled 'Privacy Policy'.

This order must be complied with by May 8, 2026

COMPLIANCE ORDER CO #002 Medication management system

NC #010 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 123 (2)
Medication management system
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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
a) Conduct a review of one of the home's processes. Revise the process as required based on the review and any gaps identified. Maintain a record of the details of the review, individuals involved, the date(s) of the review, and any changes made to the process if applicable;

b) Review the home's medication administration policy with all registered staff. Maintain a record of the review including information provided, the date of the review, attendees, and the name of individual(s) conducting the review;

c) Develop and implement an auditing process for a resident to ensure the medications prescribed for them are being administered with registered staff in attendance, and to ensure the documentation by the staff reflects the correct administration as per the home's medication administration policy. Audits must be completed at least twice weekly for a minimum of four weeks. Maintain a record of the date, auditor, and any corrective actions taken if deficiencies are noted; and

d) Conduct a documented review and analysis of a medication incident. Maintain a record of the details of the review and analysis, including the date of the review, names of individuals involved, and any actions taken based on the review and analysis.

Grounds

a) A registered staff member did not comply with the home's administration policy when completing a medication pass.

Sources: Observations in the home, interview with staff, the home's policy.

b) Specifically, the staff did not comply with the home's medication administration policy when administering medications to a resident.

Sources: Inspector observation; review of a resident's eMAR, the home's; and interviews with staff.

This order must be complied with by May 8, 2026

This compliance order is also considered a written notification and is being referred to the Director for further action by the Director.

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.