

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: February 23, 2026

Inspection Number: 2026-1433-0001

Inspection Type:
Proactive Compliance Inspection

Licensee: Grove Park Home for Senior Citizens

Long Term Care Home and City: Grove Park Home For Senior Citizens, Barrie

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 11-13, 17, 19, 23, 2026

The inspection occurred offsite on the following date(s): February 18, 2026

The following intake(s) were inspected:

- Intake: #00170232 - Proactive Compliance Inspection

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

Contenance Care
Infection Prevention and Control
Pain Management

INSPECTION RESULTS

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)

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Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

Signage about care provision in a resident's room did not match the direction on the resident's care plan. The signage in the resident's room was updated to be consistent with the care plan.

Sources: Observations of posted signage; a resident's clinical records; Interview with staff.

Date Remedy Implemented: February 17, 2026

WRITTEN NOTIFICATION: Plan of care

NC #002 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.

A resident's family member responded to an email about consent for a service. Following this, the family member or the resident's Power of Attorney (POA) were not contacted regarding who could provide consent for the service. As a result, the resident did not receive the service.

Sources: a resident's clinical records; Email communication; Interviews with family and staff.

WRITTEN NOTIFICATION: Housekeeping

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

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

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

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

A lift was not cleaned and disinfected in between resident uses using a low-level disinfectant as per the homes process.

Sources: Observation; Interview with IPAC lead.



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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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