

**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:** January 16, 2025

**Inspection Number:** 2025-1492-0001

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** IOOF Seniors Homes Inc.

**Long Term Care Home and City:** IOOF Seniors Home, Barrie

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 6-10, 14-16, 2025

The inspection occurred offsite on the following date(s): January 13, 2025

The following intake(s) were inspected:

- Intake #00136158 - Proactive Compliance Inspection

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

Resident Care and Support Services  
Skin and Wound Prevention and Management  
Food, Nutrition and Hydration  
Residents' and Family Councils  
Medication Management  
Safe and Secure Home  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Quality Improvement  
Staffing, Training and Care Standards  
Residents' Rights and Choices  
Pain Management

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## 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)

**Non-compliance with: FLTCA, 2021, s. 6 (10) (b)**

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,  
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee failed to ensure that a resident's plan of care was fully revised when there was a change in their fluid consistency. On January 7, 2025, the Registered Dietitian updated the resident's plan of care to state which fluid consistency the resident was to receive in all locations on the nutrition plan of care.

**Sources:** Resident's care plan; Interview with the Registered Dietitian.

[741126]

Date Remedy Implemented: January 7, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

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**Non-compliance with: O. Reg. 246/22, s. 19**

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

The licensee failed to ensure that a window in the home that opened to the outdoors and was accessible to a resident could not be opened more than 15 centimeters.

The window in a residents room measured to open more than 15 centimeters. This information was communicated to the home's Assistant Director of Care on the same day for immediate action. During a subsequent observation the window was unable to be opened more than 15 centimeters.

**Sources:** Observations of the window.

[000865]

Date Remedy Implemented: January 7, 2025

**WRITTEN NOTIFICATION: Continuous quality improvement  
initiative report**

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

**Non-compliance with: O. Reg. 246/22, s. 168 (2) 5. iii.**

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

5. A written record of,

iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families,

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Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee failed to ensure that the homes 2024 continuous quality improvement initiative report contained information related to how, and the dates when, the results of the Resident and Family/Caregiver Experience Survey were communicated to the residents and Residents' Council.

**Sources:** Quality Improvement Plan dated March 27, 2024, Continuous Quality Improvement & Risk Management Report 2023, Interview with Director of Quality Risk and Programs.

[741126]