

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: May 30, 2025

Inspection Number: 2025-1492-0004

Inspection Type:

Critical Incident

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): May 26-30, 2025

The following intake(s) were inspected:

- Intake: #00141906 - Related to falls
- Intake: #00143584 - Related to alleged abuse and neglect
- Intake: #00144614 - Related to alleged improper care
- Intake: #00145049 - Related to infection prevention and control

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

Resident Care and Support Services
Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Plan of Care

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.

The licensee has failed to ensure that the care set out in the plan of care related to a resident's fall prevention interventions, were provided to the resident as specified in the plan.

A PSW confirmed they did not follow the resident's care plan leading to an incident.

Sources: Interviews with staff, CIS Report, and Resident clinical records

WRITTEN NOTIFICATION: Continence care and bowel management

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 56 (2) (b)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

The licensee failed to ensure that a resident's individualized care plan was implemented.

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The resident's care plan indicated they were on a incontinence program with a specific toileting schedule established.

A PSW confirmed they had not provided continence care to the resident within the established timeframe.

The PSW did not implement the residents continence plan as required.

Sources: Observation, Interviews with staff and Residents clinical records

WRITTEN NOTIFICATION: Dealing with complaints

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

Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. i.

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

3. The response provided to a person who made a complaint shall include,
 - i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

The licensee has failed to ensure the Ministry's toll-free telephone number for making complaints about homes, its hours of service, and the contact information for the patient ombudsman was included in a response letter. The home received a written complaint regarding resident's care, but the required contact information was not included in the written response to the complainant.

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Sources: Review of CIS report, the written response to the complainant, and interview with Director of Resident Care.