

**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:** August 19, 2025

**Inspection Number:** 2025-1492-0005

**Inspection Type:**

Complaint  
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): August 11-14, and 18-19, 2025.

The following intake(s) were inspected:

- Intake: #00149522: related to an allegation of resident abuse.
- Intake: #00150582: related to concerns of personal support services.
- Intake: #00152141: related to the home's fall prevention program.

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

Housekeeping, Laundry and Maintenance Services  
Prevention of Abuse and Neglect  
Responsive Behaviours  
Falls Prevention and Management

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Duty to Protect

NC #001 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 protect a resident from physical abuse by another resident.

"Physical abuse" means the use of physical force by a resident that causes physical injury to another resident.

A resident, whom had a history of physical responsive behaviours struck another resident causing physical injury and emotional distress.

**Source:** interviews with Personal Support Worker (PSW), Registered Practical Nurse (RPN); review of residents' clinical records.

### WRITTEN NOTIFICATION: Falls prevention and management

NC #002 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

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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).

The licensee has failed to ensure that the falls prevention and management program provided for strategies to reduce or mitigate falls, and the use of equipment, supplies, devices and assistive aids for a resident.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure the falls prevention and management program, at a minimum, includes the use of devices and provides strategies to monitor residents, and must be complied with. The home's policy directs Personal Support Workers (PSWs) to follow interventions outlined in a resident's care plan.

A Resident was identified as a high risk for falls and specific interventions were indicated on their care plan. During the inspection, the resident was observed on multiple dates, without the required interventions in place.

**Source:** Fall prevention and management program policy (RC 12-01-01; review date March 14, 2025), fall risk assessment, care plan, interview with Physiotherapy Assistant (PTA), RPN, and ADRC.

**WRITTEN NOTIFICATION: Falls prevention and management**

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

**Non-compliance with: O. Reg. 246/22, s. 54 (2)**

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident

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has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The licensee has failed to ensure that a post-fall assessment was conducted using a clinically appropriate assessment instrument that is specifically designed for falls, when a resident had a fall.

A Resident had a fall, however, upon review of the resident's clinical records, there were no indication of staff completing a post-fall assessment using the home's clinically appropriate assessment tool, specifically, the falls assessment progress note and post-fall huddle.

**Source:** Progress note, interview with an RPN, and ADRC.

## **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.

The licensee has failed to ensure that assessments, reassessments and interventions were completed for a resident's responsive behaviours following an altercation with a co-resident, and the resident responses to interventions were

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documented.

a) A resident had physical responsive behaviours towards another resident. The home updated the plan of care one month after the incident. The home did not reassess the effectiveness of the intervention put in place, and during the inspection it was observed that the specific intervention put in place was not followed. Review of the progress notes and interviews with staff identified that the intervention was not clear, or effective for the resident.

**Source:** interview with Cognitive Support Team Lead, PSW, and ADRC; review of both residents' clinical health records.

b) The home initiated their Responsive Behaviour Assessment tools to document and evaluate a residents' responsive behaviours. The assessment tools were not completed in full, were not analyzed or evaluated once the observations period was completed, despite the resident exhibiting responsive behaviours during the assessment period. Furthermore, the home's Goals of Care assessment tool for a resident was initiated; however, staff did not complete the outcome and care plan update sections on the forms and thus, the form was incomplete.

**Source:** interview with a resident, review of a resident's clinical health records.

## **WRITTEN NOTIFICATION: Behaviours and Altercations**

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 59 (b)**

Altercations and other interactions between residents

s. 59. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and

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among residents, including,  
(b) identifying and implementing interventions.

The licensee has failed to minimize the risk of altercations and potentially harmful interactions between two residents, by implementing interventions following an altercation.

The home developed two strategies to prevent a resident from being abused by another resident. These interventions were not fully implemented by the home, and continued to put the resident at risk for additional altercations from a co-resident.

**Source:** review of residents' clinical records; interviews with a PSW and ADRC; observations of the resident.