

**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:** October 28, 2025

**Inspection Number:** 2025-1492-0006

**Inspection Type:**

Critical Incident

**Licensee:** IOOF Seniors Homes Inc.

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

## INSPECTION SUMMARY

This is a modified public inspection report to fix the numbering of the non-compliances.

The inspection occurred onsite on the following date(s): October 20, 21, 22, 24, 27, and 28, 2025

The following intake(s) were inspected:

- Intake: #00157043 and Intake: #00159013: Related to Falls Prevention and Management.

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

Falls Prevention and Management

## INSPECTION RESULTS

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## 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: O. Reg. 246/22, s. 53 (1) 1.**

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee has failed to ensure that an intervention to reduce the incidence of a resident's falls were implemented.

During an observation, an intervention that was should to be posted outside a resident's door, was not implemented.

**Source:** Observation on October 24, Resident's Clinical records and Interviews with staff.

Date Remedy Implemented: October 27, 2025

## WRITTEN NOTIFICATION: General requirements

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

**Non-compliance with: O. Reg. 246/22, s. 34 (2)**

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General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee failed to ensure that skin assessments completed a resident were documented for wounds.

Skin and wound assessments were completed as required but only two out of the three wounds were documented. The wound assessments completed indicated that two of the areas were assessed as one, resulting in only two areas being documented.

**Source:** Resident's clinical records, The home's Skin and wound Policy No. RCM 12-03-01, and staff interviews.

**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 (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).

The licensee failed to ensure that appropriate fall prevention interventions were implemented to reduce or mitigate falls for a resident.

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A resident's Fall Scale identified them to be at high risk for falls. However, no additional falls prevention interventions were implemented prior to a fall incident which resulted in an injury. Staff said that the resident would have benefits from a certain falls equipment.

**Source:** The home's falls prevention and management Policy No. RC 12-01-01, Resident's clinical records and staff interviews

## **WRITTEN NOTIFICATION: Continence care and bowel management**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 56 (1) 2.**

Continence care and bowel management

s. 56 (1) The continence care and bowel management program must, at a minimum, provide for the following:

2. Treatments and interventions to prevent constipation, including nutrition and hydration protocols.

The licensee failed to ensure that treatments and interventions to prevent constipation were provided to a resident as outlined in the home's policy.

The resident did not have bowel movement for a period of time but no intervention implemented at the time when need until couple of days later. A staff said that due to an error, the bowel routine was not initiated.

**Source:** Resident's clinical records, The home's Continence Care and Bowel Management Program; Policy #RC12-02-07, Interviews with staff.