

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Operations Division  
Long-Term Care Inspections Branch**

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 16, 2020	2020_746692_0014	022659-19, 022660-19	Follow up

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**Licensee/Titulaire de permis**

Barrie Long Term Care Centre Inc.  
c/o Jarlette Health Services 711 Yonge Street MIDLAND ON L4R 2E1

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**Long-Term Care Home/Foyer de soins de longue durée**

Roberta Place  
503 Essa Road BARRIE ON L4N 9E4

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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

SHANNON RUSSELL (692), TRACY MUCHMAKER (690)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): July 6-10, 2020.**

**The Following intake(s) were inspected upon during this Follow Up Inspection:**

**-One log, which was related to compliance order #001 from inspection report #2019\_740621\_0034, where the home was ordered to comply with section 30 subsection 1 of Ontario Regulation 79/10, related to the licensee ensuring that the Nutrition and Hydration program included a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols, and was evaluated annually, with a compliance due date of February 28, 2020; and,**

**-One log, which was related to compliance order #002 from inspection report #2019\_740621\_0034, where the home was ordered to comply with section 53 subsection 4 of Ontario Regulation 79/10, related to the licensee ensuring that for each resident demonstrating responsive behaviours, the triggers were identified, strategies were developed and implemented to respond to these behaviours, and actions were taken to respond to the needs of the resident, including assessments, reassessments and interventions, and the resident responses were documented, with a compliance due date of January 10, 2020.**

**A Complaint Inspection #2020\_746692\_0013 and a Critical Incident System Inspection #2020\_746692\_0015 were conducted concurrently with this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Co-Director of Care (Co-DOC), Staff Educator, Culinary Manager (CM), Dietary Aides, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and residents.**

**The Inspector(s) also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed staff to resident and resident to resident interactions, reviewed relevant health care records, as well as licensee policies, procedures and programs.**

**The following Inspection Protocols were used during this inspection:  
Nutrition and Hydration**

**During the course of this inspection, Non-Compliances were not issued.**

- 0 WN(s)**
- 0 VPC(s)**
- 0 CO(s)**
- 0 DR(s)**
- 0 WAO(s)**

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / DE L'INSPECTION</b>	<b>NO</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
O.Reg 79/10 s. 30. (1)	CO #001	2019_740621_0034		692
O.Reg 79/10 s. 53. (4)	CO #002	2019_740621_0034		690

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**Issued on this 24th day of July, 2020**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**