

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 24, 2025

Inspection Number: 2025-1587-0007

Inspection Type:

Complaint
Critical Incident

Licensee: Corporation of the County of Simcoe

Long Term Care Home and City: Sunset Manor Home for Senior Citizens,
Collingwood

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 9-10, 14-16, 20-24, 2025.

The following intake(s) were inspected:

- Intake: #00152854 - Complainant regarding multiple care concerns.
- Intake: #00152959 - An altercation between residents.
- Intake: #00153128 - An allegation of improper care.
- Intake: #00155536 - An interaction between residents.
- Intake: #00157698 - An altercation between residents.
- Intake: #00159030 - Complaint regarding pest control.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Housekeeping, Laundry and Maintenance Services

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Food, Nutrition and Hydration
Prevention of Abuse and Neglect
Responsive Behaviours

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 (1) (a)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident;

The licensee failed to ensure that there was a written plan of care for a resident that sets out the planned care for the resident.

A resident's care plan was immediately updated to reflect their care requirements.

Sources: Resident's care plan, and interviews with staff.

Date Remedy Implemented: October 16, 2025

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WRITTEN NOTIFICATION: Plan of care

NC #002 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 failed to ensure that the care set out in a resident's plan of care was provided as specified. A staff member was observed not following the level of assistance that a resident required during care.

Sources: Inspector's observation, resident's care plan, and interviews with staff.

WRITTEN NOTIFICATION: Duty to Protect

NC #003 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 failed to protect a resident from abuse by a co-resident.

Sources: Clinical records of residents, the home's internal investigation notes, and interview with staff.

WRITTEN NOTIFICATION: Transferring and Positioning

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Techniques

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

Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee failed to ensure that staff used safe transferring devices and techniques when assisting a resident with their transfer.

Sources: Resident clinical records, interviews with staff, the home's Minimal Lift and Transfer Policies/Procedures and internal investigation notes.

WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (1) 4.

Skin and wound care

s. 55 (1) The skin and wound care program must, at a minimum, provide for the following:

4. Treatments and interventions, including physiotherapy and nutritional care. O. Reg. 246/22, s. 55 (1).

The licensee failed to ensure that a resident received treatment for a wound, when a staff member did not adhere to the home's skin and wound care program and prescribed wound care instructions.

Sources: Resident clinical records, the home's Skin Care Program policy, and

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interviews with staff.

WRITTEN NOTIFICATION: Responsive Behaviours

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(b) strategies are developed and implemented to respond to these behaviours, where possible; and

The licensee failed to ensure that strategies were developed and implemented to respond to a resident's responsive behaviours and subsequently prevent the additional occurrence of negative interactions with co-residents.

Sources: Resident's clinical record, the home's internal investigation and interviews with staff.

COMPLIANCE ORDER CO #001 Pest control

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 94 (1)

Pest control

s. 94 (1) As part of organized programs of housekeeping and maintenance services under clauses 19 (1) (a) and (c) of the Act, every licensee of a long-term care home shall ensure that an organized preventive pest control program using the services of a licensed pest controller is in place at the home, including records indicating the dates of visits and actions taken.

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The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 94 (1) [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to:

- a) What actions will be taken to ensure that food debris and spills in the dining rooms are cleaned after each meal.
- b) What actions will be taken to determine if the cleaning frequencies of areas of the home where mice are present (i.e. resident rooms, common areas, dining rooms, dirty utility rooms) are effective in keeping these areas clean and disinfected.
- c) If cleaning frequencies are found to be ineffective, what actions will be taken to ensure areas where mice are present are cleaned effectively.
- d) What documentation changes need to be made with respect to the maintenance and housekeeping programs to keep track of actions taken in regards to pest control.
- e) What changes may need to be made to the Pest Control Policy, in light of the awareness that bird seed can attract rodents.
- f) How Housekeeping, Maintenance, Infection Prevention and Control, Personal Support Services and Dietary Departments will collaborate on actions taken to control the pest activity in the home.

Please submit the written plan for achieving compliance for inspection #2025-1587-0007 by November 7, 2025.

Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds

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The licensee has failed to ensure, as part of organized programs of housekeeping and maintenance services under clauses 19 (1) (a) and (c) of the act, that an organized preventive pest control program was in place.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that programs and policies are complied with. The homes pest control policy stated actions to be taken for prevention, monitoring, control and evaluation of pest activity in the long-term care home. This included sealing cracks and openings to prevent pest entry, keeping records of control measures taken, implementing non-chemical control methods such as exclusion techniques and sanitation, and reviewing and updating the program based on pest control effectiveness.

a) The homes licensed pest control company provided reports to the licensee which directed the licensee to seal gaps in various areas to exclude pests. There was no documentation to show the issues had been addressed until two months later.

b) It was identified that readily available food and cleaning frequency of the dining rooms were a contributing factors in pest activity in the home. The home created an action plan which included monitoring dining room cleaning. At the time of inspection, it was established the cleaning frequency of the dining rooms had not changed, food debris were found on the floor after dining service and there were no records to show the dining room cleaning had been monitored.

c) The licensed pest control company identified that bird seed inside and outside of the home was a food source for mice.

A bird cage in the home was identified by the licensed pest control company as a sanitation concern because it accumulated food debris on the floor. There was no documented management plan for the cleaning of the bird cage and surrounding

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area. It was identified a mouse was seen in the birdcage seeking the bird feed. The birds and bird cage were not removed from the long-term care home immediately.

On the exterior of the home, two bird feeders were placed near the building. A resident was responsible for placing the bird feeders on the premises and did not adhere to the direction of the licensed pest control company to keep the bird feeders eight to ten feet from the building. The bird feeders were not removed from the property immediately.

d) During the inspection, mouse droppings were observed in different rooms on a particular unit. Housekeeping cleaning frequencies were not increased on the units. Mouse droppings behind furniture could sit for up to a week before being cleaned. Sanitation audits were not conducted to determine where and how often cleaning should occur when pest activity in the home was ongoing.

When the licensee failed to immediately follow pest controller recommendations to seal openings between rooms, implement enhanced cleaning frequencies in key areas of the home, conduct audits to verify effectiveness of the actions taken, and to keep records of the actions taken to control the pest activity in the home, the residents of the home were at increased risk of exposure to diseases that mice carry.

Sources: Pest Control Policy, Pet Policy, Cleaning Policies, Abell's Weekly Visit Logs, SunsetSAPWO1 document, The Escalated Pest Activity Response Plan, Escalated Pest Activity Action Plan; Observations of a particular unit; Interviews with staff.

This order must be complied with by January 2, 2026

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

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e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.