Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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 23, 2025

Inspection Number: 2025-1398-0003

Inspection Type:
Proactive Compliance Inspection

Licensee: Victoria Village Inc.

Long Term Care Home and City: Victoria Village Manor, Barrie

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 8-9, 13, 14-16, 20-22, 2025

The following intake(s) were inspected:

- Intake: #00146317 - Proactive Compliance Inspection

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Medication Management
Food, Nutrition and Hydration
Residents' and Family Councils
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices

INSPECTION RESULTS

WRITTEN NOTIFICATION: Residents' Bill of Rights

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 3 (1) 18.
Residents' Bill of Rights
s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
18. Every resident has the right to be afforded privacy in treatment and in caring for their personal needs.

The licensee has failed to ensure that a resident was afforded privacy in treatment and in caring for their personal needs.

A staff member was observed providing wound care to a resident in a public space with other staff and residents present.

Sources: Observation on Windsor Unit; Interview with the IPAC Lead.

WRITTEN NOTIFICATION: Reporting Certain Matters to the Director

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 1.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following

has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The licensee failed to ensure that when there were reasonable grounds to suspect improper care of a resident by a staff member, the incident was reported to the Director immediately.

A resident sustained an injury during care. The home did not report this incident to the Director.

Sources: progress notes, review of critical incident submissions and interviews with staff and Director of Care.

WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #003 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 utilized safe positioning techniques when assisting a resident with care.

A resident sustained an injury during personal care due to unsafe positioning techniques used by a staff member.

Sources: resident's progress notes, skin and wound assessment, care plan, interview with staff and the DOC.

WRITTEN NOTIFICATION: Skin and wound care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (e)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(e) a resident exhibiting a skin condition that is likely to require or respond to nutrition intervention, such as pressure injuries, foot ulcers, surgical wounds, burns or a worsening skin condition, is assessed by a registered dietitian who is a member of the staff of the home, and that any changes the registered dietitian recommends to the resident's plan of care relating to nutrition and hydration are implemented. O. Reg. 246/22, s. 55 (2); O. Reg. 66/23, s. 12.

The licensee failed to complete a dietary referral when a resident's skin integrity deteriorated, and they may have benefited from nutritional interventions to promote healing.

A dietary referral was not completed for a resident when their area of impaired skin integrity worsened and they experienced an infection requiring treatment with antibiotics.

Sources: review of progress notes, skin and wound program policy, dietary referral policy, skin and wound assessments and interviews with staff.

WRITTEN NOTIFICATION: Dining and snack service

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

Non-compliance with: O. Reg. 246/22, s. 79 (1) 8.
Dining and snack service
s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
8. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

The licensee has failed to ensure that the home had a dining and snack service that included providing a resident with any eating aids required to safely eat and drink as comfortably and independently as possible.

A resident's care plan indicated that they required a specific eating aid. During a meal observation, the resident was observed without this eating aid.

Sources: resident's clinical records, meal observation, interviews with staff.

WRITTEN NOTIFICATION: Housekeeping

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (i)
Housekeeping
s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:
(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

The Licensee has failed to ensure that cleaning and disinfection of resident care equipment was performed by staff.

Staff were observed using a lift to transfer a resident without disinfecting it after use.

Failing to clean and disinfect shared equipment between resident uses as required puts the home at risk for increased disease transmission.

Source: Equipment Cleaning-Resident care and medical Equipment policy #VII-H-10.13 Original Issue: November 2013, Observation on Buckingham Unit, IPAC Standard (revised September 2023), and interviews with staff and IPAC Lead.

WRITTEN NOTIFICATION: Safe storage of drugs

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)
Safe storage of drugs
s. 138 (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(ii) that is secure and locked,

The licensee has failed to ensure that resident topical medications were stored in an area which was kept secured and locked.

During an observation on the Kensington home area, topical medications were found stored in resident's rooms in unsecure locations.

Residents were placed at risk of possible exposure to and inappropriate application of the treatment medications when they were not stored in a secured and locked

area.

Sources: Staff interviews, observations, Storage and administration of prescription creams policy # VI-G-40.18 Original issues: November 2022, Current Revision: November 2022.

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
Specifically, the licensee shall:

A) The IPAC Lead will provide in-person education to select staff members about the four moments of hand hygiene:
1) Provide in-person re-training to a specific staff on the proper application of creams. This session should include a demonstration, emphasizing appropriate hand hygiene practices to align with the four moments of hand hygiene.
2) Provide in-person training to select staff members regarding hand hygiene, including, but not limited to, at the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact);

B) The home will keep a documented record of the education provided, who

received the education, the education completion date, and the contents of the education and training materials from Part A. The home will make this record available to the inspector immediately upon request.

C) Complete three randomized audits of proper hand hygiene and appropriate glove use for select staff members on three different shifts worked in a two week period. These audits should be documented with any compliance or non-compliance identified and any corrective actions taken. The home will make these records available to the inspector immediately upon request.

D) Consult with the home's local Public Health Unit and review Public Health Ontario documents titled "Best Practice for Hand Hygiene in All Health Care Settings, 4th addition, dated April 2014, "Hand Hygiene Product Placement Published: December 2023" and "Hand Hygiene Product Placement Checklist Patient, Resident, or Client and Hallway Area, Published: December 2023", specifically regarding the placement of ABHR dispensers. Complete an assessment of staff workflow patterns in resident rooms and ensure that each resident room has hand hygiene products available at point-of-care that are easily accessible to staff by being as close as possible to where the resident contact is taking place.

E) The consultation with the Public Health Unit should be documented, including the date, individuals who participated, whether it was virtual or in person, and the action plan documented to ensure that ABHR dispensers are installed at point-of-care locations where staff have immediate access to ABHR.

Grounds

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

a) In accordance with Additional Requirement 9.1 under the IPAC Standard for Long-

Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that routine practices were to be followed in the IPAC program, specifically (d) the proper use of personal protective equipment (PPE), including the appropriate removal and disposal of PPE.

During an interview with a staff member, they admitted to not changing gloves between providing personal care and other tasks unless there was visible soiling on their gloves.

Failure to follow the required routine practices for PPE removal could result in increased transmission of disease to residents.

Sources: Interviews with staff, IPAC Standard (revised September 2023) and Checklist for PSWs training for administration of topical medication.

b) In accordance with Additional Requirement 9.1 (b) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that staff followed Routine Practices with respect to performing hand hygiene according to the four moments of hand hygiene.

A staff member was observed providing wound care in a public space. The staff member did not perform hand hygiene between removal of their gloves, leaving the public space, returning to the public space and and application of new gloves.

Gaps in the staff members hand hygiene practices could lead to increased risk of possible transmission of infectious microorganisms.

Sources: Observation on Windsor Unit, IPAC Standard (revised September 2023), and interviews with staff and IPAC Lead.

c) In accordance with Additional Requirement 9.1 (b) under the IPAC Standard for

Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that staff followed Routine Practices with respect to performing hand hygiene according to the four moments of hand hygiene.

A staff was observed to enter and exit a resident's room to answer a call bell without performing hand hygiene.

Failure to perform hand hygiene may increase risk of infection for residents.

Sources: Observation on Buckingham Unit, IPAC Standard (revised September 2023), and interviews with staff and IPAC Lead.

d) In accordance with Additional Requirement 10.1 under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that Alcohol-Based Hand Rub (ABHR) was easily accessible in resident rooms and that staff providing direct resident care had immediate access to ABHR.

Observations on every unit in the home showed that resident rooms did not have immediate access to ABHR inside the rooms. Direct care staff indicated that they never do hand hygiene in the rooms themselves, in order to sanitize their hands, they were required to leave the resident's room.

By not having ABHR immediately accessible for direct care staff in resident rooms, it increases the risk of staff not complying with the four moments of hand hygiene and the potential spread of infection.

Sources: Hand Hygiene Product Placement Published: December 2023; Hand Hygiene Product Placement Checklist Patient, Resident, or Client and Hallway Area Published: December 2023; Best Practices for Hand Hygiene in all health care settings, 4th edition. April 2014; observations of resident rooms; interviews with

direct care staff, IPAC Lead and a Public Health Unit Consultant.

This order must be complied with by August 15, 2025

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
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:

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.