



**Ministry of Health and  
Long-Term Care**

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

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

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**Ministère de la Santé et des  
Soins de longue durée**

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

Bureau régional de services de  
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5700 rue Yonge 5e étage  
TORONTO ON M2M 4K5  
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**Public Copy/Copie du public**

| <b>Report Date(s) /<br/>Date(s) du apport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>Registre no</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|---|---|--------------------------------|--|
| Feb 19, 2016                                  | 2016_378116_0003                              | 034153-15                      | Complaint  |

**Licensee/Titulaire de permis**

WOODS PARK CARE CENTRE INC.  
110 LILLIAN CRESCENT BARRIE ON L4N 5H7

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

WOODS PARK CARE CENTRE  
110 LILLIAN CRESCENT BARRIE ON L4N 5H7

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

SARAN DANIEL-DODD (116)

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



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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): February 3 & 4, 2016.**

**During the course of the inspection, the inspector observed staff to resident interactions, window openings that are resident accessible, reviewed the home's training and orientation program for volunteers, staff members who are permitted to administer medications to residents, complaints binder and relevant policies and procedures.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (E.D.), Director of Care, maintenance assistant, volunteer coordinator, registered staff, personal support workers (PSW), housekeeping supervisor, housekeepers, volunteers and residents.**

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

**Medication**

**Safe and Secure Home**

**Training and Orientation**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



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

**Legend**

WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order

**Legendé**

WN – Avis écrit  
VPC – Plan de redressement volontaire  
DR – Aiguillage au directeur  
CO – Ordre de conformité  
WAO – Ordres : travaux et activités

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).

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.

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.



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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.**

### **Findings/Faits saillants :**

1. The licensee failed to ensure that every window in the home that opens to the outdoors and is accessible to residents cannot be opened more than 15 centimetres (cm).

Observations conducted during the inspection revealed that windows located in identified areas which opened to the outdoors exceeded the maximum allowable opening of 15 cm. The window openings were measured and verified by the maintenance assistant.

Interviews held with the maintenance assistant and the Executive Director confirmed that all window openings accessible to residents should be restricted to open no greater than 15 cm to ensure safety of the residents. [s. 16.]

### ***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres, to be implemented voluntarily.***

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**Issued on this 25th day of February, 2016**

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

**Original report signed by the inspector.**