

Ministry of Long-Term Care  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

North District  
159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

## Public Report

**Report Issue Date:** August 1, 2025

**Inspection Number:** 2025-1353-0005

**Inspection Type:**  
Complaint

**Licensee:** Valley East Long Term Care Centre Inc.

**Long Term Care Home and City:** Elizabeth Centre, Val Caron

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 29-31, 2025 and August 1, 2025.

The following intake(s) were inspected:

- One complaint related to a fall and care concerns; and,
- One complaint related to neglect of a resident.

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

Resident Care and Support Services  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 29 (3) 10.**

Plan of care

s. 29 (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

10. Health conditions, including allergies, pain, risk of falls and other special needs.

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The licensee has failed to ensure that a resident's plan of care was based, at a minimum, on resident's health conditions.

A resident's chronic medical condition and the risk factors associated with the chronic condition that needed to be monitored were not listed in the resident's plan of care.

Sources: A resident's care plan, and an interview with the interim Administrator.

## **COMPLIANCE ORDER CO #001 Falls Prevention and Management**

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 54 (2)**

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

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

The Licensee shall:

A) Re-educate registered staff members on the home's falls prevention and management policy, specifically when, and how to complete a head injury routine assessment after the fall of a resident.

B) Maintain a documented record that includes the content of the education provided, the date of the education, name and designation of staff educated, who provided the education and who attended the education.

C) Develop and implement audits for all residents that require initiation and completion of the Head Injury Routine (HIR) as outlined in the home's fall prevention and management policy.

D) Audits are to be completed weekly for a period of one month or until the licensee determines that registered staff are completing the head injury routine assessment as indicated in the home's policy.

## **Grounds**

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The license has failed to ensure that the home's fall prevention and management program was followed; specifically that an head injury routine (HIR) protocol be completed when resident has an unwitnessed fall.

In accordance with Ontario Regulation 246/22, s. 11 (1) (b), the license is required to ensure the home has in place a falls prevention and management program, which includes the monitoring of residents, and that it must be complied with.

The home's fall prevention and management policy indicated that a resident who had an unwitnessed fall was to have a HIR assessment completed post fall every 30 minutes for four hours, every hour for four hours, then every four hours for a total of 24 hour of monitoring. Documentation showed that HIR assessments, after an unwitnessed fall, were not completed as indicated in the home's policy, when a specific resident had an unwitnessed fall.

Sources: Interviews with an RPN and the interim Administrator; record review of a Head Injury Assessment and home's policy titled, "LTC Falls Prevention and Management- Program",

**This order must be complied with by September 1, 2025**

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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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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

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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, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).



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

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