

**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:** January 31, 2025

**Inspection Number:** 2025-1433-0001

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** Grove Park Home for Senior Citizens

**Long Term Care Home and City:** Grove Park Home For Senior Citizens, Barrie

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): January 21-24, and 27-31, 2025.

The following intake(s) were inspected:

- Intake: #00137392 - Proactive Compliance Inspection

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

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

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Air Temperature

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

**Non-compliance with: O. Reg. 246/22, s. 24 (3)**

Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee has failed to ensure that the temperature was measured and documented in writing of two resident bedrooms in different parts of the home, and one resident common area on every floor of the home at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

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The home was not measuring or documenting temperatures of two resident rooms and one resident common area every morning. Additionally, the home was missing multiple instances of documentation for temperatures of common area's on Pine and Spruce units.

**Sources:** Pine and Spruce Air Temperature Tracking Forms, Interview with Director of Environmental Services.

## **WRITTEN NOTIFICATION: General Requirements**

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 34 (2)**

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee failed to ensure that interventions for a resident, who was dependent on staff for repositioning and had areas of skin impairment, had documentation in their plan of care that they were repositioned every two hours.

**Sources:** review of resident's care plan, point of care task, skin and wound assessments and progress notes. Interview with registered practical nurses (RPN), and the home's Director of Care (DOC)

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## WRITTEN NOTIFICATION: Skin and Wound Care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (d)**

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated; and

The licensee failed to ensure that a resident who was dependent on staff for repositioning and had an area of impaired skin integrity was repositioned every two hours which would assist with offloading pressure and promote healing.

**Sources:** review of resident point of care documentation, care plan, skin and wound assessments. Interview with personal support worker (PSW), DOC and the home's skin and wound care lead.

## WRITTEN NOTIFICATION: Menu planning

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

**Non-compliance with: O. Reg. 246/22, s. 77 (1) (e)**

Menu planning

s. 77 (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,

(e) includes a choice of other available entrées and side dishes at all three meals and a choice of other desserts at lunch and dinner, to meet residents' specific needs or food preferences;

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The licensee has failed to ensure the home's menu cycle included alternative side dish options at lunch to accommodate residents' specific needs or preferences. The menu often featured only one side dish at lunch, limiting resident's meal choices.

**Sources:** Menu Evaluation Documents, Menu, Always Available Menu, Interview with Director of Dietary Services.

## **WRITTEN NOTIFICATION: Daily Monitoring for Symptoms**

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

**Non-compliance with: O. Reg. 246/22, s. 102 (9)**

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

The licensee failed to ensure that daily monitoring for symptoms indicating the presence of infection for a resident was completed on every shift during a three week timeframe. Additionally, immediate action was not taken to reduce the transmission of infection when the resident tested positive for a respiratory virus and treatment was delayed for two days.

**Sources:** Electronic Health Records, The Home's Policy #INF-02-01, and Interviews with IPAC Lead.

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**WRITTEN NOTIFICATION: Safe storage of drugs**

NC #006 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 failed to ensure that the medication cart on Maple unit was locked when it was not in use.

**Sources:** Observation and an interview with an RPN.