

**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:** April 4, 2025

**Inspection Number:** 2025-1433-0003

**Inspection Type:**

District Initiated  
Complaint  
Critical Incident

**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): April 1, 2, 3, 2025

The following was inspected:

- Complaint regarding air temperature in a resident room.
- Loss of heat during power outage.
- Re-occupancy of beds post-flood.

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

Safe and Secure Home

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Generators

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

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

Generators

s. 22 (1) Subject to subsections (2) and (3), every licensee of a long-term care home shall ensure that the home is served by a generator that is available at all times and that has the capacity to maintain, in the event of a power outage,

(a) the heating system;

The licensee has failed to ensure that the home was served by a generator that had the capacity to maintain, in the event of a power outage the heating system.

The home lost power for 31 hours in March 2025, due to an ice storm. The licensee's loss of one or more essential services emergency plan identified that the back up or standby generator had sufficient capacity to maintain all furnace motors in the home to provide heat to all five home areas. Four out of the five home areas did not have heat during the power loss.

The licensee was not aware that the heating system was not being maintained by the generator and had not tested it's function to verify the service.

**Sources:** LTCH's policy (Loss of One or More Essential Services EPP-Grey-01), interview with the Administrator.

**WRITTEN NOTIFICATION: Cooling requirements**

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

**Non-compliance with: O. Reg. 246/22, s. 23 (2) (a)**

Cooling requirements

s. 23 (2) The heat related illness prevention and management plan must, at a minimum,

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(a) identify specific risk factors that may lead to heat related illness and require staff to regularly monitor whether residents are exposed to such risk factors and take appropriate actions in response;

The licensee has failed to ensure that the heat related illness prevention and management plan identified specific risk factors that may lead to heat related illness and require staff to regularly monitor whether residents are exposed to such risk factors and take appropriate actions in response.

A resident who was assessed as high risk for heat stress was not regularly monitored for exposure to risk factors that could lead to heat related illness. The resident's room was over 26C on an identified date in December 2024. Factors associated with the increase in temperature included the use of equipment that produced heat, a window that could not open more than five centimeters and a thermostat that required occasional re-setting to allow for some cooling. Appropriate actions and risk factors were not included in the licensee's plan.

**Sources:** Interview with registered staff, review of the LTCH's policy [Hot Weather Risk Assessment NUR-05-01 revised Oct. 2017], resident's plan of care and observation of resident's room.

**WRITTEN NOTIFICATION: Cooling requirements**

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

**Non-compliance with: O. Reg. 246/22, s. 23 (2) (e)**

Cooling requirements

s. 23 (2) The heat related illness prevention and management plan must, at a minimum,

(e) include a protocol for appropriately communicating the heat related illness prevention and management plan to residents, staff, volunteers, substitute decision-

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makers, visitors, the Residents' Council of the home, the Family Council of the home, if any, and others where appropriate. O. Reg. 246/22, s. 23 (2); O. Reg. 66/23, s. 3 (1).

The licensee has failed to ensure that the heat related illness prevention and management plan included a protocol for appropriately communicating the heat related illness prevention and management plan to residents, staff, volunteers, substitute decision-makers, visitors, the Residents' Council of the home, the Family Council of the home, if any, and others where appropriate.

**Sources:** LTCH's policy (Hot Weather Risk Assessment-NUR-05-01) and interviews with Registered staff.

## **WRITTEN NOTIFICATION: Air temperatures**

NC #004 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 temperatures in one common area on each floor were documented in writing at a minimum of once every night during the month of March 2025.

Air temperatures for two different resident home areas on different floors were not documented for many nights.

**Sources:** Review of air temperature logs, interview with the Environmental Services Supervisor.

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## WRITTEN NOTIFICATION: Emergency plans

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

**Non-compliance with: O. Reg. 246/22, s. 268 (5) 4.**

Emergency plans

s. 268 (5) The licensee shall ensure that the emergency plans address the following components:

4. Specific staff roles and responsibilities.

The licensee has failed to ensure that the emergency plans, specifically the loss of one or more essential services, addressed a component related to specific staff roles and responsibilities.

**Sources:** LTCH's policy (Loss of One or More Essential Services - EPP-Grey-01), interview with the Administrator.