

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

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

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

Sudbury Service Area Office  
159 Cedar Street Suite 403  
SUDBURY ON P3E 6A5  
Telephone: (705) 564-3130  
Facsimile: (705) 564-3133

Bureau régional de services de  
Sudbury  
159, rue Cedar Bureau 403  
SUDBURY ON P3E 6A5  
Téléphone: (705) 564-3130  
Télécopieur: (705) 564-3133

**Public Copy/Copie du public**

---

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 14, 2019	2019_745690_0018	014195-19	Follow up

---

**Licensee/Titulaire de permis**

Victoria Village Inc.  
76 Ross Street BARRIE ON L4N 1G3

---

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

Victoria Village Manor  
78 Ross Street BARRIE ON L4N 1G3

---

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

TRACY MUCHMAKER (690)

---

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

---

**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): August 7-8, 2019**

**The following intake was completed in this follow up inspection:**

**-One log that was related to compliance order #001 from inspection report #2019\_745690\_0017, where the home was ordered to comply with O. Reg 79/10 s.16, related to windows, with a compliance due date of July 26, 2019.**

**During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer (CEO), Director of Nursing Services (DONS), Assistant Director of Nursing Services (ADONS), Environmental Services Manager, Maintenance workers and Housekeepers.**

**The Inspector also conducted a tour of resident care areas, observed windows in the home, and reviewed internal documents.**

**The following Inspection Protocols were used during this inspection:  
Safe and Secure Home**

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

**1 WN(s)**

**0 VPC(s)**

**1 CO(s)**

**1 DR(s)**

**0 WAO(s)**

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

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**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 has failed to ensure that every window in the home that opened to the outdoors and was accessible to residents had a screen and could not be opened more than 15 centimetres (cm).

During inspection #2019\_745690\_0017, CO #001 was issued to the home, which ordered the licensee to;

The licensee must be in compliance with s. 16 of the Ontario Regulation 79/10. Specially the licensee must:

- a) Conduct an audit on every window that opens to the outside and is accessible to residents to ensure that no window can be opened more than 15 cm and is equipped with a screen.
- b) Maintain a record of the results of the audit including documentation of the windows that were audited, the deficiencies that were found, follow up that was done to correct the deficiency and the final outcome.

The compliance due date of this order was July 26, 2019.

Inspector #690 requested a copy of the audit that the home conducted to ensure that no window in the home that was accessible to residents could be opened more than 15 cm and was equipped with a screen. The home provided the Inspector with an audit for each of the four resident home areas on August 7, 2019, that was completed on July 20-21, 2019. Inspector #690 reviewed the audit and identified that the audit included a record of the room number, the date of the audit and that the window lock and the screen had been checked. The audit further indicated several deficiencies found such as windows that opened more than 15 cm, any missing screens and screens that had tears in them. There was an additional column on the audit for the auditor to record any follow up to include the name, date and how the deficiency was corrected. The audit did not include any information on any follow up that was completed or how the deficiency was corrected.

Inspector #690 conducted an observation of windows in the four resident home areas and identified a window in one identified resident room that opened to 33 cm. The Inspector further identified windows in two identified resident rooms as well as the hallway and dining room on the sixth floor that were missing screens.

In an interview with Inspector #690, the Environmental Services Supervisor (ESM) indicated that they did not have any information on any of the follow up that was done to correct any deficiencies and that they had put a request into the electronic care maintenance system on August 7, 2019, to have maintenance staff check the windows

and record the follow up that was completed.

In an interview with the Chief Executive Officer (CEO), they indicated that they were aware of the compliance due date of July 26, 2019, to ensure that no window opened more than 15 cm and had screens present. The CEO further indicated that they were aware that the audit had been completed and thought that all the follow up to correct deficiencies was completed with the exception of one screen in the dining room that the home had placed an order for a replacement screen. The CEO stated that they had thought that the audit had been completed including documentation of the follow up and outcome but that it had not been. The CEO identified that the home remained non compliant with ensuring that no windows in resident areas could be opened more than 15 cm and that screens were present in all windows and that the home should have been. [s. 16.]

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".  
DR # 001 – The above written notification is also being referred to the Director for further action by the Director.***

---

Issued on this 16th day of August, 2019

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

**Original report signed by the inspector.**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée  
Inspection de soins de longue durée**

**Public Copy/Copie du public**

---

**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** TRACY MUCHMAKER (690)

**Inspection No. /**

**No de l'inspection :** 2019\_745690\_0018

**Log No. /**

**No de registre :** 014195-19

**Type of Inspection /**

**Genre d'inspection:** Follow up

**Report Date(s) /**

**Date(s) du Rapport :** Aug 14, 2019

**Licensee /**

**Titulaire de permis :** Victoria Village Inc.  
76 Ross Street, BARRIE, ON, L4N-1G3

**LTC Home /**

**Foyer de SLD :** Victoria Village Manor  
78 Ross Street, BARRIE, ON, L4N-1G3

**Name of Administrator /**

**Nom de l'administratrice  
ou de l'administrateur :** Bill Krever

---

To Victoria Village Inc., you are hereby required to comply with the following order(s)  
by the date(s) set out below:

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

**Order # /**

**Ordre no :** 001

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /** 2019\_745690\_0017, CO #001;  
**Lien vers ordre existant:**

**Pursuant to / Aux termes de :**

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.

**Order / Ordre :**

The licensee must be in compliance with s. 16 of the Ontario Regulation 79/10. Specifically the licensee must:

- a) Conduct an audit on every window that opens to the outside and is accessible to residents to ensure that no window can be opened more than 15 centimetres and is equipped with a screen.
- b) Maintain a record of the results of the audit including documentation of the windows that were audited, the deficiencies that were found, follow up that was done to correct the deficiency and the final outcome.
- c) The home's Chief Executive Officer (CEO) is to review the completed audit to ensure that the audit has been completed in entirety and that all follow up has been completed to correct any deficiencies.

**Grounds / Motifs :**

1. The licensee has failed to ensure that every window in the home that opened to the outdoors and was accessible to residents had a screen and could not be opened more than 15 centimetres (cm).

During inspection #2019\_745690\_0017, CO #001 was issued to the home, which ordered the licensee to;

The licensee must be in compliance with s. 16 of the Ontario Regulation 79/10. Specially the licensee must:

- a) Conduct an audit on every window that opens to the outside and is accessible

**Order(s) of the Inspector****Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

to residents to ensure that no window can be opened more than 15 cm and is equipped with a screen.

b) Maintain a record of the results of the audit including documentation of the windows that were audited, the deficiencies that were found, follow up that was done to correct the deficiency and the final outcome.

The compliance due date of this order was July 26, 2019.

Inspector #690 requested a copy of the audit that the home conducted to ensure that no window in the home that was accessible to residents could be opened more than 15 cm and was equipped with a screen. The home provided the Inspector with an audit for each of the four resident home areas on August 7, 2019, that was completed on July 20-21, 2019. Inspector #690 reviewed the audit and identified that the audit included a record of the room number, the date of the audit and that the window lock and the screen had been checked. The audit further indicated several deficiencies found such as windows that opened more than 15 cm, any missing screens and screens that had tears in them. There was an additional column on the audit for the auditor to record any follow up to include the name, date and how the deficiency was corrected. The audit did not include any information on any follow up that was completed or how the deficiency was corrected.

Inspector #690 conducted an observation of windows in the four resident home areas and identified a window in one identified resident room that opened to 33 cm. The Inspector further identified windows in two identified resident rooms, as well as the hallway and dining room on the sixth floor that were missing screens.

In an interview with Inspector #690, the Environmental Services Supervisor (ESM) indicated that they did not have any information on any of the follow up that was done to correct any deficiencies and that they had put a request into the electronic care maintenance system on August 7, 2019, to have maintenance staff check the windows and record the follow up that was completed.

In an interview with the Chief Executive Officer (CEO), they indicated that they were aware of the compliance due date of July 26, 2019, to ensure that no window opened more than 15 cm and had screens present. The CEO further



**Order(s) of the Inspector****Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

indicated that they were aware that the audit had been completed and thought that all the follow up to correct deficiencies was completed with the exception of one screen in the dining room that the home had placed an order for a replacement screen. The CEO stated that they had thought that the audit had been completed including documentation of the follow up and outcome but that it had not been. The CEO identified that the home remained non compliant with ensuring that no windows in resident areas could be opened more than 15 cm and that screens were present in all windows and that the home should have been.

The severity of the issue was determined to be a level three as there was actual risk. The scope was isolated. The home had a level four compliance history, with ongoing noncompliance with a compliance order issued in the last 36 months within this section of the LTCHA 2007, that included;

- one compliance order issued July 18, 2019 (2019\_745690\_0017) with a compliance due date of July 26, 2019.
- one compliance order issued July 8, 2019 (2019\_746692\_0017) with a compliance due date of July 15, 2019.

(690)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :**

Sep 30, 2019

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

**REVIEW/APPEAL INFORMATION**

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

**PRENEZ AVIS :**

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

**Order(s) of the Inspector****Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 14th day of August, 2019**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Tracy Muchmaker

**Service Area Office /**

**Bureau régional de services :** Sudbury Service Area Office