

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:	February 19, 2025
Inspection Number:	2025-1398-0001
Inspection Type:	Critical Incident Follow up
Licensee:	Victoria Village Inc.
Long Term Care Home and City:	Victoria Village Manor, Barrie

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 4, 5, 6, 7, 11, 12, 14, 18, 2025

The inspection occurred offsite on the following date(s): February 13, 2025

The following intake(s) were inspected:

- Intake: #00132793, Intake: #00135009, and Intake: #00133823 - Related to Allegation of abuse.
- Intake: #00133281 - Follow-up re: Housekeeping, Laundry and Maintenance Services
- Intake: #00134988 - Related to an incident with significant injury.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #001 from Inspection #2024-1398-0004 related to O. Reg. 246/22, s. 93 (2) (b) (iii)

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

Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: Residents' Bill of Rights

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 18.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

18. Every resident has the right to be afforded privacy in treatment and in caring for their personal needs.

The licensee failed to ensure that a resident's privacy in treatment and caring was respected.

A staff member recorded a conversation between a resident and a co-worker without consent, resulting in a breach of the resident's privacy and personal health information.

Sources: CI #2734-0000025-24, Audio recording of incident, resident's clinical records, the home's investigative notes, the home's policy #I-L-20.10, Victoria Village Community of Care Employee Handbook Welcome, the home's Policy # V-B-40.00, interviews with staff and the DON.

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WRITTEN NOTIFICATION: Duty of licensee to comply with plan

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set out in the plan of care for a resident was followed.

A resident's safety was at risk because only one staff member assisted with care instead of the required two.

Sources: Observation of resident, resident's care plan, Discussion with staff.

WRITTEN NOTIFICATION: Duty to Protect

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

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

A) The licensee failed to protect resident from abuse by staff.

Physical abuse is defined as the use of physical force by anyone other than a resident that causes physical injury or pain.

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A staff member caused a bruise on a resident's cheek while assisting with dressing.

Sources: CI # 2914-000020-24, resident's progress notes, interviews with staff and ADON.

B) The licensee failed to ensure that a resident was protected from physical abuse by another resident.

Section 2 of the Ontario Regulation 246/22 defines physical abuse as "the use of physical force by a resident that causes physical injury to another resident".

A resident injured another resident using an object.

Sources: Critical Incident Report, Residents' clinical record, and interviews with staff

C) The Licensee failed to ensure that a resident was protected from verbal abuse by staff.

For the purpose of this Act and Regulation, "verbal abuse" means: any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident.

A staff member was verbally abusive a resident despite requests to stop.

Sources: CI #2734-0000025-24, Audio recording of incident, resident's clinical records, the home's investigative notes, the home's policy #VII-G-10.00 Original Issue November 2013 Current Revision 2019, interviews with Resident, Staff and the DON.

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WRITTEN NOTIFICATION: Policy to promote zero tolerance

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

Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee has failed to ensure that the homes written policy to promote zero tolerance of abuse and neglect of residents was complied with.

A staff member caused an injury to a resident during care and continued working during the ongoing investigation, putting the resident's safety at risk.

Sources: Homes Abuse Policy, Homes Investigation Notes, Interviews with staff and ADON.

WRITTEN NOTIFICATION: Reporting certain matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 1.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

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The licensee failed ensure immediate reporting of suspected improper care that caused harm.

A incident was investigated for improper care, but it was not reported to the Director.

Sources: Homes investigation notes; Interview with DOC.

WRITTEN NOTIFICATION: Licensee must comply

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

CO #001 from inspection #2024_1398_0004, issued on November 28, 2024, with a compliance due date of January 13, 2024 to O. Reg. 246/22 - s. 93 (2) (b) (iii) was not complied with.

The licensee did not complete monthly audits to ensure proper labeling of cleaning chemicals and failed to educate and test housekeeping staff on reading MSDS labels by the compliance due date.

Sources: The homes Cleaning and Disinfection Chemical Audit's, The homes education documents, Interview with DOO.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

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The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #001
Related to Written Notification NC #006**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

Follow-up #: 1 - O. Reg. 246/22 - s. 93 (2) (b) (iii) Inspection #2024_1398_0004, CDD January 13, 2024. IPAC - Cleaning and disinfecting as per manufacture guidelines issued November 28, 2024

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee failed to ensure that staff used safe transferring techniques when assisting a resident.

A resident did not receive the level of assistance they required, indicating a failure to use safe transferring techniques.

Sources: Homes investigation notes, Resident's care plan, Interview with DOC.

WRITTEN NOTIFICATION: Skin and wound care

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Skin and wound care

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

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee failed ensure weekly reassessments of a resident's skin integrity, including wound measurements.

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Staff failed to complete weekly skin assessments and missed bruise measurements for a resident, contrary to the home's expectations.

Sources: Resident's skin assessments, Interviews with staff and ADON.

WRITTEN NOTIFICATION: Continence care and bowel management

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 56 (2) (c)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

The licensee failed to ensure that the plan of care for a resident was followed as specified in their care plan specifically regarding to the level of assistance a resident required to be transferred on and off the toilet.

Sources: Resident's clinical records, interviews with staff and resident

WRITTEN NOTIFICATION: Housekeeping

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (iii)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

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(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(iii) contact surfaces;

The licensee has failed to ensure that the homes procedure for cleaning and disinfection of contact surfaces was followed in accordance with evidenced based practices.

Public Health Ontario (PHO) Provincial Infectious Diseases Advisory Committee (PIDAC), Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd edition, revised April 2018, recommended when using disinfectant, there should be systems in place to ensure the efficacy of the disinfectant over time, such as reviewing the expiry dates.

An inspector found expired Proxi disinfectant and a decanted solution on a housekeeping cart, used for cleaning high-touch surfaces on the main floor.

Sources: February 4, 2025 observation; Discussions with staff; Interview with Director of Operations.