

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

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

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

**Division des opérations relatives aux  
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

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<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>
Apr 5, 2022	2022_907692_0008	020193-21, 000835- 22, 000836-22, 000837-22	Follow up

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**Licensee/Titulaire de permis**

Orillia Long Term Care Centre Inc.  
c/o Jarlette Health Services 711 Yonge Street Midland ON L4R 2E1

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

Leacock Care Centre  
25 Museum Drive Orillia ON L3V 7T9

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

SHANNON RUSSELL (692), STEVEN NACCARATO (744)

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

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

**This inspection was conducted on the following date(s): March 7-11, and 14-18, 2022.**

**The following intakes were inspected upon during this Follow Up inspection:**

**-One intake, which was related to compliance order #001 from inspection report #2021\_824736\_0022, related to ensuring resident records were kept up to date at all times, with a compliance due date of February 14, 2022;**

**-One intake, which was related to compliance order #002 from inspection report #2021\_824736\_0022, related to ensuring residents were protected from abuse/neglect with a compliance due date of February 14, 2022;**

**-One intake, which was related to compliance order #003 from inspection report #2021\_824736\_0022, related to weekly skin and wound assessments, with a compliance due date of February 14, 2022; and,**

**-One intake, which was related to compliance order #001 from inspection report #2021\_824736\_0021, related to ensuring that tub and shower rooms were locked when not supervised, with a compliance due date of February 14, 2022.**

**Complaint Inspection #2022\_907692\_0007 and Critical Incident System (CIS) #2022\_907692\_0009 inspections were conducted concurrently with this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Interim Administrator, Director of Care (DOC), Co-Director of Care (Co-DOC), Infection Prevention and Control (IPAC) Lead, Staff Educator, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), and residents.**

**The Inspector(s) also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed staff to resident and resident to resident interactions, reviewed relevant health care records, internal investigation notes, as well as licensee policies, procedures and programs.**

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

**Infection Prevention and Control  
Prevention of Abuse, Neglect and Retaliation  
Safe and Secure Home  
Skin and Wound Care**

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

- 1 WN(s)**
- 0 VPC(s)**
- 1 CO(s)**
- 0 DR(s)**
- 0 WAO(s)**

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / DE L'INSPECTION</b>	<b>NO</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
LTCHA, 2007 S.O. 2007, c.8 s. 19.	CO #002	2021_824736_0022		692
O.Reg 79/10 s. 231.	CO #001	2021_824736_0022		744
O.Reg 79/10 s. 50. (2)	CO #003	2021_824736_0022		744

**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. 9. Doors in a home Specifically failed to comply with the following:**

**s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:**

**2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that doors leading to the tub and shower rooms on four of the five home areas were locked, when not supervised by staff.

Compliance order #001 related to s. 9 (1) of the Ontario Regulations (O. Reg) 79/10 of the Long-Term Care Homes Act (LTCHA), 2007, from inspection 2021\_824736\_0021, issued on December 10, 2021, with a compliance due date (CDD) of February 14, 2022, is being re-issued as follows:

During the inspection, the Inspectors observed that the tub and shower room doors on four of the five home areas were unlocked when unattended on 11 of the 24 observations conducted. The Inspectors noted that there were chemicals readily accessible in all rooms observed and residents were sitting and walking in proximity of the unlocked doors. A PSW indicated that the tub room door on one of the home areas locked from the inside on occasion, which could result in a resident being locked in the tub room unattended and without staff knowledge.

The Interim Administrator identified that tub and shower room doors were to be closed and secured when staff were not present. The Interim Administrator indicated that the home was aware of an issue with the doors securing properly approximately three months prior, and was unable to provide documentation to support follow-up actions taken to resolve the concerns with the doors prior to the CDD date.

There was minimal risk of harm to residents, as there were chemicals readily accessible in the tub rooms, and non cognitive residents were noted to be near the unlocked doors.

Sources: Inspectors' observations; reviewed internal audits; staffs education records; interviews with PSWs, Registered Practical Nurse (RPN), Infection Prevention and Control (IPAC) Lead, Director of Care (DOC), and the Interim Administrator. [s. 9. (1) 2.]

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

**Issued on this 12th day of April, 2022**

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

**Original report signed by the inspector.**

**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

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

Division des opérations relatives aux soins de longue durée  
Inspection de soins de longue durée

**Public Copy/Copie du rapport public**

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

**Nom de l'inspecteur (No) :** SHANNON RUSSELL (692), STEVEN NACCARATO  
(744)

**Inspection No. /**

**No de l'inspection :** 2022\_907692\_0008

**Log No. /**

**No de registre :** 020193-21, 000835-22, 000836-22, 000837-22

**Type of Inspection /**

**Genre d'inspection:** Follow up

**Report Date(s) /**

**Date(s) du Rapport :** Apr 5, 2022

**Licensee /**

**Titulaire de permis :** Orillia Long Term Care Centre Inc.  
c/o Jarlette Health Services, 711 Yonge Street, Midland,  
ON, L4R-2E1

**LTC Home /**

**Foyer de SLD :** Leacock Care Centre  
25 Museum Drive, Orillia, ON, L3V-7T9

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Carrie Acton

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**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 Orillia Long Term Care Centre 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  
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2007, chap. 8

**Order # /****No d'ordre :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (b)**Linked to Existing Order /** 2021\_824736\_0021, CO #001;  
**Lien vers ordre existant:****Pursuant to / Aux termes de :**

O.Reg 79/10, s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,

- i. kept closed and locked,
- ii. equipped with a door access control system that is kept on at all times, and
- iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system, or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

**Order / Ordre :**

**Order(s) of the Inspector**

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

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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foyers de soins de longue durée*, L.O.  
2007, chap. 8

The licensee must be compliant with s. 9 of the Ontario Regulation 79/10.

Specifically, the licensee shall prepare, submit and implement a plan to ensure that all doors leading to tub rooms and shower rooms are kept closed and locked when not being supervised by staff.

Please submit the written plan, by quoting inspection number 2022\_907692\_0008 and Inspector Shannon Russell by email to SudburySAO.moh@ontario.ca by April 19, 2022.

**Grounds / Motifs :**

1. The licensee has failed to ensure that doors leading to the tub and shower rooms on four of the five home areas were locked, when not supervised by staff.

Compliance order #001 related to s. 9 (1) of the Ontario Regulations (O. Reg) 79/10 of the Long-Term Care Homes Act (LTCHA), 2007, from inspection 2021\_824736\_0021, issued on December 10, 2021, with a compliance due date (CDD) of February 14, 2022, is being re-issued as follows:

During the inspection, the Inspectors observed that the tub and shower room doors on four of the five home areas were unlocked when unattended on 11 of the 24 observations conducted. The Inspectors noted that there were chemicals readily accessible in all rooms observed and residents were sitting and walking in proximity of the unlocked doors. A PSW indicated that the tub room door on one of the home areas locked from the inside on occasion, which could result in a resident being locked in the tub room unattended and without staff knowledge.

The Interim Administrator identified that tub and shower room doors were to be closed and secured when staff were not present. The Interim Administrator indicated that the home was aware of an issue with the doors securing properly approximately three months prior, and was unable to provide documentation to support follow-up actions taken to resolve the concerns with the doors prior to the CDD date.

There was minimal risk of harm to residents, as there were chemicals readily accessible in the tub rooms, and non cognitive residents were noted to be near the unlocked doors.

**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

Sources: Inspectors' observations; reviewed internal audits; staffs education records; interviews with PSWs, Registered Practical Nurse (RPN), Infection Prevention and Control (IPAC) Lead, Director of Care (DOC), and the Interim Administrator.

An order was made by taking the following factors into account:

Severity: There was minimal risk of harm to residents by the tub and shower room doors being unlocked and unattended.

Scope: There was a pattern of doors being left open and unattended, as tub and shower room doors were noted to be unlocked and unattended on 11 of 24 observations.

Compliance History: The licensee continues to be in non-compliance with s. 9 (1) of the Ontario Regulations, 79/10, resulting in a Compliance Order (CO) being re-issued. CO #001 was issued on December 10, 2021, during inspection #2021\_824736\_0021, with a compliance due date of February 14, 2022, and one Voluntary Plan of Correction (VPC) was issued on November 20, 2020, (#2020\_565647\_0019). In the past 36 months, 16 other COs were issued to different sections of the legislation, all of which have been complied. (692)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :**

May 13, 2022

**Order(s) of the Inspector**

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

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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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 Long-Term Care  
438 University Avenue, 8th Floor  
Toronto, ON M7A 1N3  
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 Long-Term Care  
438 University Avenue, 8th Floor  
Toronto, ON M7A 1N3  
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**

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2007, c. 8

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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 des Soins de longue durée  
438, rue University, 8e étage  
Toronto ON M7A 1N3  
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 des Soins de longue durée  
438, rue University, 8e étage  
Toronto ON M7A 1N3  
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 5th day of April, 2022**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Shannon Russell

**Service Area Office /**

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