

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

North District
159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Public Report

Report Issue Date: January 13, 2026

Inspection Number: 2026-1320-0001

Inspection Type:
Proactive Compliance Inspection

Licensee: Orillia Long Term Care Centre Inc.

Long Term Care Home and City: Leacock Care Centre, Orillia

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 5-9, 2026.

The following intake(s) were inspected:
□ Proactive Compliance Inspection.

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

Food, Nutrition and Hydration
Medication Management
Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Integration of assessments, care

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

Non-compliance with: FLTCA, 2021, s. 6 (4) (b)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(b) in the development and implementation of the plan of care so that the different

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aspects of care are integrated and are consistent with and complement each other.

Staff indicated it was difficult to provide a resident their care as specified in the plan of care due to their medical condition. It was noted that collaboration amongst the staff did not occur until the inspection was underway.

Sources: Inspector observations; review of health records for the resident; and, interviews with staff.

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.

A) On a specific date, staff did not follow an identified residents care plan when administering medication.

Sources: Inspector observations; the resident's plan of care; and interviews with staff.

B) The home implemented interventions within a specific resident's plan of care. It was observed the interventions in the care plan were not followed.

Sources: Inspector observations; review of health records for the resident; and, interviews with staff.

WRITTEN NOTIFICATION: Menu planning

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

Non-compliance with: O. Reg. 246/22, s. 77 (5)

Menu planning

s. 77 (5) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 246/22, s. 390 (1).

During the inspection, a number of planned menu items were not available or offered to

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residents at meals and snacks.

Sources: Inspector observations; review of committee minutes; and interviews with staff.

WRITTEN NOTIFICATION: Medication Administration

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

Non-compliance with: O. Reg. 246/22, s. 123 (2)

Medication management system

s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The home's policy specified documentation requirements for medication administration. It was observed the documentation was not completed on a specific date.

Sources: Inspector observation; licensee's policy; and interviews with staff.

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

Develop implement a plan identifying how the home will meet the requirements specified in O.Reg. 246/22, s. 102 (2) (b) related to infection prevention and control (IPAC) standards.

The plan is to include, but not limited to, how the home will ensure:

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- staff complete hand hygiene at the four required moments
- staff appropriately section, don and doff personal protective equipment (PPE)
- staff are aware of, and appropriately disinfect shared resident equipment.

Grounds

During the course of the inspection, it was observed that the additional requirements set out in the IPAC Standard, Routine and Additional Precautions were not being implemented by the staff on multiple home areas.

a) The IPAC program standard, 9.1 (b) indicates that hand hygiene is to include, but not limited to, at the four moments of hand hygiene. During the inspection, the Inspectors observed staff not performing hand hygiene at the required moments. It was also observed that a resident was not offered hand hygiene prior to meal service.

b) The IPAC program standard, 9.1 (d) indicates that staff are to utilize proper PPE, including appropriate selection, application, removal, and disposal. During the inspection, Inspectors noted staff in additional precaution rooms without the required PPE and noted staff wearing PPE when it should have been removed prior to exiting the resident-specific isolation areas.

c) The IPAC program standard, 9.1 (d) indicates that staff are to utilize proper PPE, including appropriate selection, application, removal, and disposal. During the inspection, Inspectors noted that staff were exiting additional precaution rooms and not changing their masks as required.

d) The IPAC program standard, 9.1 (e) indicates that there are to be controls, including environmental controls that include the cleaning of shared equipment. It was observed that shared resident equipment was not disinfected with the required product when being removed from the outbreak area.

Sources: Inspector observations; licensee policies; and interviews with staff.

This order must be complied with by February 23, 2026.



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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

The written request for review must be served personally, by registered mail, email or commercial courier 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
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
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
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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