Ontario

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

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Public Report

Report Issue Date: June 20, 2025
Inspection Number: 2025-1286-0003
Inspection Type: Complaint
Licensee: Land O'Lakes Community Services
Long Term Care Home and City: Pine Meadow Nursing Home, Northbrook

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 10 - 12, and 16 - 18, 2025

The following intake(s) were inspected:

- Intake: #00148430, #00149136, and #00149152 - Complaints related to resident care.

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

Resident Care and Support Services
Medication Management
Housekeeping, Laundry and Maintenance Services
Prevention of Abuse and Neglect
Reporting and Complaints
Admission, Absences and Discharge

INSPECTION RESULTS

WRITTEN NOTIFICATION: Consent

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 7
Consent
s. 7. Nothing in this Act authorizes a licensee to assess a resident's requirements without the resident's consent or to provide care or services to a resident without the resident's consent.

The licensee has failed to ensure that consent was obtained prior to providing care or services to a resident related to medication administration.

It was noted in a specific resident medication administration record (MAR) that for a specific period of time a psychotropic medication was administered every night without the consent of the resident or POA. It was confirmed in interview with both the Director of Care (DOC) and Registered staff that consent was not obtained for the medication at the time of admission.

Sources:
Resident's health record review and interview with DOC and Registered staff.

WRITTEN NOTIFICATION: 24-hour admission care plan

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 27 (2) 5.
24-hour admission care plan
s. 27 (2) The care plan must identify the resident and must include, at a minimum, the following with respect to the resident:
5. Drugs and treatments required, including, with respect to drugs, the clinical reason for which the drug is being used, where known.

The licensee has failed to ensure that a specific resident's 24 hour plan of care identified the clinical reasons for a drug for which is was being used.

Sources:
Resident's health record review and interview with DOC.

WRITTEN NOTIFICATION: Responsive Behaviors

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (4)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(a) the behavioural triggers for the resident are identified, where possible;
(b) strategies are developed and implemented to respond to these behaviours, where possible; and
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee has failed to ensure that for a specific resident who is demonstrating responsive behaviours, that triggers are identified, strategies are developed to respond to the behaviors, and actions taken are documented.

In a review of a specific resident's health care record, it was noted that the resident demonstrated multiple responsive behaviours for a specific period of time. A review of the plan of care indicated that there were no triggers, strategies or documented actions noted.

Sources:
Resident's health record and interview with staff.

WRITTEN NOTIFICATION: Housekeeping

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 93 (1)
Housekeeping
s. 93 (1) Every licensee of a long-term care home shall ensure that housekeeping services are provided seven days per week.

The licensee has failed to ensure that housekeeping services were provided seven days a week, on two specific dates no housekeeping services were provided in the LTCH.

Sources:
Housekeeping schedule review and interviews with a resident and staff.

WRITTEN NOTIFICATION: Dealing with Complaints

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 108 (1) 1.
Dealing with complaints
s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be

commenced immediately.

The licensee has failed to ensure that when a complaint is received verbally that a written response was provided to the person who made the complaint within ten days.

Upon review of the four documented verbal complaints related to resident care no response was provided to the person who make the complaint. In an interview with Administrator it was confirmed that no written response was provided to the complainant related to the verbal complaints.

Sources
Record review of complaints and interview with the Administrator.

WRITTEN NOTIFICATION: Medication Management System

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)
Medication management system
s. 123 (3) The written policies and protocols must be,
(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

The licensee failed to ensure that their written Medication Management Policy, specifically procedure item 13 the Medication Reconciliation section was implemented for a specific resident.

On a specific date a specific resident's medications listed on the pharmacy printout provided by the resident on admission was not reviewed in its entirety.

According to the home's Medication management policy section 13.1 page 16, "the nurse obtains an accurate and complete medication history by checking at minimum two sources of information." On admission to the home, the staff did not reconcile a complete list of medication.

Source
Medication Management P&P-revised Dec 2019 Section 13 Page 16, resident health record review and interview with the staff.

WRITTEN NOTIFICATION: Residents drug regimes

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 146 (a)
Residents' drug regimes
s. 146. Every licensee of a long-term care home shall ensure that,
(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;

The licensee has failed to ensure that when a specific resident was taking a psychotropic drug, that there was monitoring and documentation of the resident's response and the effectiveness of the drug.

Sources:
Resident's health record review and interview with DOC and Registered staff.

COMPLIANCE ORDER CO #001 Bathing

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 37 (1)

Bathing
s. 37 (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

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

1.Ensure that two specific residents are bathed at least twice weekly by the method of their choice.

2.Develop a process to ensure that baths are completed when there is a change in staffing levels

3.Ensure all staff responsible for the bathing task are educated on the process.

4.Maintain written a record of the requirements under (1), (2) and (3). Documentation of education shall include the names of the staff, their designation, and date training was provided.

Grounds

The licensee failed to ensure two specific residents were bathed, at a minimum, twice a week by the method of their choice.

Record review for the residents indicated that during a specific period of time they did not receive multiple schedules baths. The residents required staff assistance for care.

Sources:
Residents health record review and interview with staff.

This order must be complied with by August 19, 2025

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

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.