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

Toronto District
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Public Report

Report Issue Date: May 13, 2025

Inspection Number: 2025-1413-0003

Inspection Type:
Complaint
Critical Incident
Follow up

Licensee: University Health Network

Long Term Care Home and City: Lakeside Long Term Care Centre, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 14-17, 22, 24, 25, 28-30, May 1, 2, 5-9, 13, 2025.
The inspection occurred offsite on the following date(s): May 9, 2025.

The following intakes were inspected in this Follow Up inspection:
Intake: #00134130 - Follow-up Compliance Order (CO) #001 from 2024-1413-0004 related to plan of care
Intake: #00134129 - Follow-up CO #002 from 2024-1413-0004 related to direct care staff training
Intake: #00139791 - Follow-up CO #001 from 2025-1413-0001 related to infection prevention and control program
Intake: #00139790 - Follow-up CO #002 from 2025-1413-0001 related to recommendations by the Chief Medical Officer of Health or a medical officer of health

The following intakes were completed in this complaint inspection:
Intakes: #00141991 and #00142898 were related to multiple care concerns
Intake: #00143983 was related to unsafe care equipment
Intake: #00145363 was related to bed refusal

The following intakes were completed in this Critical Incident System (CIS) inspection:
Intake: #00132829 (CIS #2929-000074-24) was related to falls prevention and management
Intake: #00137156 (CIS #2929-000002-25) was related to improper care and neglect
Intake: #00140571 (CIS#2929-000008-25) was related to infection prevention and control
Intakes: #00143391 (CIS #2929-000017-25/2929-000020-25/2929-000021-25) were related to allegation of abuse and improper care

The following intakes were completed in the Critical Incident System (CIS) Inspection:
Intakes #00142490 (CIS #2929-000012-25) and #00142909 (CIS #2929-000013-25) were related to infection prevention and control.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2024-1413-0004 related to FLTCA, 2021, s. 6 (7)
Order #002 from Inspection #2025-1413-0001 related to O. Reg. 246/22, s. 272
Order #001 from Inspection #2025-1413-0001 related to O. Reg. 246/22, s. 102 (8)

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

Order #002 from Inspection #2024-1413-0004 related to O. Reg. 246/22, s. 261 (1) 1.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Recreational and Social Activities
Falls Prevention and Management
Admission, Absences and Discharge

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: FLTCA, 2021, s. 6 (1) (c)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident;

The licensee has failed to ensure that a resident's written plan of care set out clear direction to staff and others who provided direct care to the resident.

A resident's care plan stated that they required total assistance with a mobility aid

for all out of room destinations. The care plan also directed staff to walk the resident to the dining room at all times. Furthermore, the care plan indicated the resident independently ambulates with a mobility aid.

On May 9, 2025, the care plan was updated to clarify the resident's mobility status.

Sources: Resident's clinical records; and interviews with relevant staff.

Date Remedy Implemented: May 9, 2025.

WRITTEN NOTIFICATION: Policy to Promote Zero Tolerance

NC #002 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 their written policy related to promoting zero tolerance of abuse and neglect of a resident was complied with.

Specifically, a full assessment was not completed for a resident after an incident of alleged improper care as specified in the "Zero Tolerance of Resident Abuse and Neglect: Response and Reporting" policy revised February 2024.

Sources: Review of CIS report; resident's clinical records, Zero Tolerance of Resident Abuse and Neglect: Response and Reporting policy (RC-02-01-02 last revised February 2024); and interview with relevant staff.

WRITTEN NOTIFICATION: Reporting Certain Matters to Director

NC #003 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.

The licensee has failed to ensure that the home immediately reported the suspicion of improper care to the Director.

According to FLTCA s. 154 (3), the licensee is vicariously liable when a staff member failed to comply with subsection 28 (1).

A critical incident alleging neglect of multiple residents was submitted to the Director in January 2025. A Personal Support Worker (PSW) indicated that they had information to support neglect of multiple residents by another PSW the previous year but did not immediately report it to Executive Director (ED).

Sources: Review of CIS report; and interview with relevant staff.

WRITTEN NOTIFICATION: Authorization for Admission to a Home

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

Non-compliance with: FLTCA, 2021, s. 51 (7) (a)
Authorization for admission to a home
s. 51 (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 50 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,
(a) the home lacks the physical facilities necessary to meet the applicant's care requirements;

The licensee has failed to ensure that withholding approval for an applicant's admission to the home was based on a lack of physical facilities necessary to meet the applicant's care requirements.

Application documents indicated an applicant could participate in a specific activity independently. Multiple residents who participated in a similar activity were observed around the home. A letter withholding admission indicated the home lacked the physical facilities to meet the applicant's care requirements. The ED confirmed the home had designated areas where independent residents were able to participate in this activity.

Sources: Observations, an applicant's application documents, interviews with interim the interim Director of Care (DOC) and ED.

WRITTEN NOTIFICATION: Authorization for Admission to a Home

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 51 (7) (b)
Authorization for admission to a home
s. 51 (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken

into account, under subsection 50 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,
(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; The licensee has failed to ensure that withholding approval for an applicant's admission to the home was based on a lack of nursing expertise to meet the applicant's care requirements.

Application documents indicated that an applicant was a resident in another long term care (LTC) home, was on a specific medical intervention and could independently participate in a specific activity. A letter withholding admission indicated the home lacked the nursing expertise to meet the applicant's care requirements. The interim DOC expressed safety concerns and indicated that additional staff may be required to support the applicant, despite this not appearing in any of the admission documents. In addition, the interim DOC acknowledged that the home had resources to develop nursing expertise and would be able to easily adopt new procedures to support the applicant's needs.

Sources: Applicant's application documents, interviews with interim DOC and ED.

WRITTEN NOTIFICATION: Director of Nursing and Personal Care

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 77 (4) (a)
Director of Nursing and Personal Care
s. 77 (4) If the number of beds at a long-term care home is,
(a) equal to or greater than the prescribed number of beds, the licensee of the home shall ensure that the Director of Nursing and Personal Care works full-time in that position;

The licensee failed to ensure that the long-term care home had a Director of

Nursing and Personal Care working full-time in that position in the months of December 2024 and January 2025. The ED acknowledged there was no full-time Director of Nursing and Personal Care working in the home in December 2024 and January 2025.

Sources: The DOC schedule for the month of December 2024 and January 2025; external email communication dated December 04, 2024; and interviews with interim DOC.

WRITTEN NOTIFICATION: Conditions of Licence

NC #007 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.

The licensee has failed to comply with Compliance Order (CO) #002 to O. Reg. 246/22, s. 261 (1) 1 from inspection 2024-1413-0004, issued December 9, 2024, with a compliance due date of February 18, 2025.

The following components of the order were not complied by the compliance due date:

1) Perform an audit on all agency staff working in the home to identify those who have not received training on the required programs, specifically Falls Prevention and Management.
2) Maintain a record of the audits completed, including date, time, person completing audit, findings, and/or other corrective actions taken where required.
4) Retain all records until the Ministry of Long Term Care (MLTC) has deemed this order complied.

The licensee has failed to ensure that an audit of all the agency staff working in the home was completed to identify those who had not received training on required programs, and that records of such audit were retained as ordered.

Sources: Agency staff training and orientation records, email correspondence between the home and staffing agencies; and interview with the interim DOC.

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

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
Notice of Administrative Monetary Penalty AMP #001
Related to Written Notification NC #007

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:
Prior NC with O. Reg. 246/22 - s. 261 (1) 1., resulting in CO #002 in Inspection #2024-1413-0004, issued on 2024-12-09

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.

WRITTEN NOTIFICATION: Care Conference

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 30 (1) (a)
Care conference
s. 30 (1) Every licensee of a long-term care home shall ensure that,
(a) a care conference of the interdisciplinary team providing a resident's care is held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and their substitute decision-maker, if any;

The licensee has failed to ensure that a care conference of the interdisciplinary team providing residents' care was held annually for two residents.

(1) A resident was admitted in December 2023, and an annual care conference was not held as of April 30, 2025.

Sources: Resident's clinical records; Lakeside residents' care conferences completion document for 2024 and 2025; and interviews with Assistant Director of Care (ADOC)

(2) A resident was admitted in November 2019, and an annual care conference had not been held since 2023.

Sources: Resident's clinical records; Lakeside residents' care conferences

completion document for 2024 and 2025; and interviews with ADOC and other staff.

WRITTEN NOTIFICATION: General Requirements for Programs

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 34 (2)
General requirements
s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee has failed to ensure that any actions taken with respect to a resident under the skin and wound care program, including interventions and the resident's responses to interventions were documented.

A resident had altered skin integrity and required treatment twice a week. Two of the required treatments were not documented.

Sources: Review of resident's clinical records, Skin and Wound Care Program Policy (#RC-23-01-02 - reviewed March 2025); and Interviews with relevant staff.

WRITTEN NOTIFICATION: Transferring and Positioning Techniques

NC #010 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 has failed to ensure that a PSW used safe transferring and positioning devices or techniques when assisting a resident.

A resident's care plan indicated they were to be transferred by two staff using a mechanical lift. From the home's review of video footage, a PSW was found to have performed an independent manual transfer of the resident.

Sources: Resident's clinical records, home's investigation notes including review of the home's video footage; and interview with ADOC.

WRITTEN NOTIFICATION: Required Programs

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 2.
Required programs
s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure injuries, and provide effective skin and wound care interventions.

The licensee has failed to comply with the home's skin and wound program in the prevention and management of altered skin integrity for two residents.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the skin and wound program were complied with.

1) Specifically, the home's "Skin and Wound Program: Wound Care Management" policy directed the nurse to obtain and enter treatment orders on the electronic Treatment Administration Record (eTAR) and to initiate/update the resident's care

plan to reflect altered skin integrity focus including characteristics of skin impairment, current goals, and interventions. A RPN initiated a treatment regimen for a resident's altered skin integrity without a physician's order and did not document the treatment regimen in the resident's eTAR and care plan.

Sources: Review of resident's clinical records, Skin and Wound Program: Wound Care Management policy (#RC-23-01-02 - revised March 2025); and Interviews the RPN and the interim DOC.

2) Specifically, the home's 'Prevention of Skin Breakdown' policy directed staff to document and implement a comprehensive interdisciplinary plan of care including interventions to address risk factors associated with skin breakdown. A resident was admitted with high risk of altered skin integrity and preventative interventions were not included in the resident's plan of care until ten months later.

Sources: Resident's clinical records; "Skin and Wound: Prevention of Skin Breakdown" Policy RC-23-01-01 (revised March 2023); and interview with the interim DOC.

WRITTEN NOTIFICATION: Skin and Wound Care

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (a) (i)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
(i) within 24 hours of the resident's admission,

The licensee has failed to comply with the skin and wound program when a Pressure Ulcer Risk Scale (PURS) assessment was not completed on admission for a

resident.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the skin and wound program were complied with. Specifically, the home's 'Prevention of Skin Breakdown' policy required that residents are assessed upon admission for the risk of altered skin integrity using the PURS assessment, which did not occur for the resident.

Sources: Resident's clinical records; "Skin and Wound: Prevention of Skin Breakdown" Policy RC-23-01-01 (revised March 2023); and interview with the interim DOC.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
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 licensee has failed to ensure the implementation of a standard issued by the Director with respect to Infection Prevention and Control (IPAC). The home failed to ensure the proper use of personal protective equipment (PPE), including appropriate selection and application in accordance with the IPAC Standard as required by Additional Precaution 9.1(d) under the Standard was implemented.

A PSW did not don the appropriate PPE before providing direct care to a resident on droplet and contact precaution. The PSW donned a gown, mask and gloves but failed to apply eye protection as required.

Sources: Observations; a review of IPAC Standard for Long-Term Care Homes, Revised September 2023; and interview with relevant staff.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)
Infection prevention and control program
s. 102 (9) The licensee shall ensure that on every shift,
(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2);
The licensee has failed to ensure that on every shift, a resident's symptoms indicating the presence of infection were monitored.

The symptoms of infection for a resident on additional precautions were not monitored on every shift.

Sources: Resident's clinical records; and interview with the interim DOC.

WRITTEN NOTIFICATION: Reports re Critical Incidents

NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 115 (1) 5.
Reports re critical incidents
s. 115 (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (5):
5. An outbreak of a disease of public health significance or communicable disease as

defined in the Health Protection and Promotion Act.

The licensee has failed to ensure that the Director was immediately informed of an outbreak that was declared by Toronto Public Health (TPH).

Source: CIS report, and correspondence between nurse and management team.

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