

**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**

Central East Service Area Office  
33 King Street West, 4th Floor  
OSHAWA ON L1H 1A1  
Telephone: (905) 440-4190  
Facsimile: (905) 440-4111

Bureau régional de services de  
Centre-Est  
33, rue King Ouest, étage 4  
OSHAWA ON L1H 1A1  
Téléphone: (905) 440-4190  
Télécopieur: (905) 440-4111

**Public Copy/Copie du rapport public**

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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>
Mar 2, 2021	2021_784762_0002	024734-20	Complaint

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**Licensee/Titulaire de permis**

Southlake Residential Care Village  
690 Grace Street Newmarket ON L3Y 8V7

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

Southlake Residential Care Village  
640 Grace Street Newmarket ON L3Y 8V7

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

MOSES NEELAM (762)

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

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): February 1-4, 8-10, 2021**

**The following intake was inspected during this complaint inspection:**

**- Log related to nutrition and hydration, falls, staffing, continence and skin and wound**

**During the course of the inspection, the inspector(s) spoke with Interim Executive director (IED), Assistant Director of Care (ADOC), Registered Dietician (RD), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Substitute decision makers (SDM) and residents.**

**During the course of the inspection, the inspector(s) toured residents home areas, conducted observations, reviewed clinical records and reviewed relevant policies.**

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

**Continence Care and Bowel Management**

**Falls Prevention**

**Medication**

**Nutrition and Hydration**

**Skin and Wound Care**

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

**3 WN(s)**

**3 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**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 LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.**

**Findings/Faits saillants :**

The licensee failed to ensure that the environment of the home is safe and secure for the resident #006.

A review of camera footage indicated that a staff member had moved resident #006's aide from them as they were concerned that the aide may get stuck. The resident requires the aide to walk. As the aide was moved away, the resident was seen attempting to reach out to the aide, as a result, was unable to reach it and had a fall, which led to an injury. Additionally, when observations were conducted, the resident required an intervention for falls, however, this was not available in the resident's room. This put resident at actual risk for injury in relation to falls.

Sources: Camera footage; Care plan dated; interviews with PSW #100, RPN #101 and IED #104

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home is a safe and secure environment for its residents, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**  
**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure the Hydration Assessment and Management policies

and procedures included in the required Dietary Service and Hydration Program were complied with, for residents #003 and #006.

LTCHA s.11 (1)(b) requires an organized program of hydration for the home to meet the hydration needs of residents.

O. Reg. 79/10, s. 68 (1)(b) and O. Reg. 79/10, s. 68 (2) requires that the program includes the development and implementation of policies and procedures related to nutrition care and dietary services and hydration.

Specifically, staff did not comply with the home's policy and procedure " Food and Fluid Intake Monitoring"

Resident #003's care plan indicated that the resident was on a fluid restriction. A review of the records indicated that the resident's documented fluid intake was more than the fluid restriction for 96% of the days. The average daily fluid intake indicated the resident was drinking 150% of their overall fluid intake. The homes policy indicated that the registered staff are to investigate for signs and symptoms of fluid overload and document in the progress notes, when the resident was drinking above their maximum allotted fluid for three consecutive days. A review of progress notes did not show any documentation from registered staff regarding fluid overload. The resident was at potential risk for the negative symptoms of fluid overload.

Sources: Progress notes; Fluid Look back report; Policies; Quarterly Nutrition assessments; Care plans; Interviews with RPN #106, IED #104 and RD #107;

2. The licensee has failed to ensure the Hydration Assessment and Management policies and procedures included in the required Dietary Service and Hydration Program were complied with, for residents #003 and #006.

Specifically, staff did not comply with the home's policy and procedure " Food and Fluid Intake Monitoring ", dated December 2019

Resident care plan indicated that the resident was on a fluid restriction. A review of the records indicated that the resident's documented fluid intake was more than the restriction amount on 70% of the days. The average daily fluid intake indicated the resident was drinking 153% of their overall fluid intake. The homes policy indicated that the registered staff are to investigate for signs and symptoms of fluid overload and

document in the progress notes, when the resident was drinking above their maximum allotted fluid for three consecutive days. A review of progress notes did not show any documentation from registered staff regarding fluid overload. The resident was at potential risk for the negative symptoms of fluid overload.

Sources: Progress notes; Fluid Look back report; Policies; Quarterly Nutrition assessments; Care plans intervention; Interviews with RPN #101, IED #104 and RD #107;

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure staff did comply with the home's policy and procedure " Food and Fluid Intake Monitoring ", dated December 2019, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management**

**Specifically failed to comply with the following:**

**s. 51. (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; O. Reg. 79/10, s. 51 (2).**

**Findings/Faits saillants :**

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The licensee failed to assist resident #006 who is unable to toilet independently to maintain continence.

The residents care plan indicated that the resident was to be toileted between certain hours, in order to maintain continence. During an observation in the presence of resident SDM, the resident was not offered or taken to the toilet, until the inspector had asked the staff. When the resident was changed, the residents was incontinent of urine. The resident was at risk for potential skin or incontinence as the staff did not follow the resident's toileting schedule.

Sources: Observations conducted by inspector #762; Resident care plan; interview with PSW #109

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure to assist resident #006 who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;; to be implemented voluntarily.***

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Issued on this 3rd day of March, 2021

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

**Original report signed by the inspector.**