

**Ministry of Long-Term Care**

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

**Central East District**

33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

**Original Public Report**

<b>Report Issue Date: November 4, 2024</b>	
<b>Inspection Number:</b> 2024-1438-0004	
<b>Inspection Type:</b> Complaint Critical Incident Follow up	
<b>Licensee:</b> Southlake Residential Care Village	
<b>Long Term Care Home and City:</b> Southlake Residential Care Village, Newmarket	
<b>Lead Inspector</b>	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b>	

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): October 22-25, 28-30, 2024

The following intake(s) were inspected:

- Intake: #00123521 - Follow-up CO #: 1 -2024-1438-0003, O. Reg. 246/22 - s. 102 (2) (b) IPAC, Compliance Due Date (CDD) October 15, 2024.
- A complaint related to alleged neglect.
- An intake related to an outbreak.
- Intakes related to falls prevention.
- An intake related to complaints and retaliation, administration of medication and access to resident clinical records.

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- A complainant related to plan of care, staffing and continence.
- A complaint regarding reporting, communication, alleged neglect, and housekeeping.

## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2024-1438-0003 related to O. Reg. 246/22, s. 102 (2) (b).

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

- Resident Care and Support Services
- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Reporting and Complaints
- Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Bedtime and rest routines

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

**Non-compliance with: O. Reg. 246/22, s. 45**

Bedtime and rest routines

s. 45. Every licensee of a long-term care home shall ensure that each resident of the home has the resident's desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep.

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The licensee has failed to ensure that, each resident of the home had the resident's desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep.

**Summary and Rationale**

A Complaint was called into the ActionLine on a specified date, to indicate that a resident's rest routines had not been supported by the home.

It had been observed that at multiple intervals on separate dates that the LTCH had failed to support the resident's rest routines.

The plan of care for resident indicated that these rest routines were to be supported.

Registered Practical Nurse (RPN) #109 and Personal Support Worker (PSW) #111 indicated that the resident will engage in their identified routine multiple times throughout the day. The staff confirmed that the rest routines for the resident were not being supported.

There was a low risk to the resident when they were unable to have their rest periods supported throughout the day as indicated in their plan of care.

**Sources:** Complaint intake, Plan of Care, observations, interviews with RPN #109, PSW #111.

**WRITTEN NOTIFICATION: Falls prevention and management**

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 54 (1)**

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Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee has failed to ensure that, the falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids.

**Summary and Rationale**

A Critical Incident Report (CIR) had been submitted to the Director on a specified date to indicate that a resident had suffered a fall which led to a transfer to hospital with injury.

The resident was observed in the dining room without ordered falls prevention interventions in place. The resident was later observed in bed without appropriate falls prevention interventions in place. Furthermore, the symbol that identified the resident as a fall risk was not identified on the resident chart or at the entrance to the residents' room.

The plan of care for the resident indicated that the resident was a high risk for falls and was required to have a number of specified falls prevention interventions.

RPN #101 confirmed the resident's high risk of falls and that the identified interventions were required to be in place for resident safety.

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There was a risk to the resident when the required fall prevention interventions were not in place.

**Sources:** Critical Incident report, Plan of Care, observations, interviews with RPN #101 and other staff.

**WRITTEN NOTIFICATION: Skin and wound care**

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

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)**

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee has failed to ensure that, a resident who exhibited altered skin integrity, received a skin assessment by a member of the registered nursing team, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

**Rationale and Summary**

A complaint had been submitted to the ActionLine on a specified date, regarding resident #004's altered skin integrity.

Resident #004's clinical record indicated they had been diagnosed with altered skin integrity on a specified date. Following a specific event, the resident did not receive

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the required clinical assessment and did not receive it as required for a specified period of time.

The Skin and Wound Lead for the home indicated that all skin integrity issues of a specific nature were required to be assessed weekly using a clinically appropriate assessment and further confirmed that assessments for resident #004 were not completed.

There was a risk to resident #004 when the clinically appropriate and specifically designed skin and wound assessments were not completed for the identified period of time.

**Sources:** Complaint intake, record review of Plan of Care, interviews with the Skin and Wound Lead and other staff.

### **WRITTEN NOTIFICATION: Infection Prevention and Control**

NC #004 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).

1) The licensee failed to ensure the supplied Alcohol Based Hand Rub (ABHR) is easily accessible in common areas and was not past the date of expiration.

In accordance with the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director, dated September 2023, section 10.1 states: The licensee shall ensure that the hand hygiene program includes access to hand hygiene agents, including 70-90 percent (%) Alcohol-Based Hand Rub (ABHR).

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ABHR shall be easily accessible at both point-of care and in other common and resident areas, and any staff providing direct resident care must have immediate access to ABHR that contains 70-90% alcohol concentration.

**Rationale and Summary**

During a routine tour on October 22, 2024 the Inspector observed bottles of Alcohol Based Hand Rub (ABHR) that were expired as well as some bottles with no visible expiry date. These bottles were observed to be in multiple resident home areas (RHA's) throughout the home.

The Infection Prevention and Control (IPAC) Lead confirmed during an interview that expired ABHR is ineffective and can lead to increased risk of spread of pathogens.

Failure to ensure that ABHR was not expired placed the residents at increased risk of transmission of infectious agents.

**Sources:** Observations, interview with IPAC manager.

2) The licensee failed to establish key quality indicators as part of the annual review of the IPAC program.

In accordance with the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director, dated September 2023, section 8.2 (a) states:

8.2 The licensee shall ensure at minimum, that the following activities are carried out in the quality management program:

a) Establishment of goals and key quality indicators (both process and outcome-

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related) for the IPAC program in the home;

**Rationale and Summary**

During a review of documents relevant to the IPAC program, the Inspector observed that key indicators were absent from the annual assessment of the program, specifically, the documented review failed to demonstrate the quality indicators and outcomes that the LTCH would utilize to assess program effectiveness.

During an interview with the IPAC Lead and the Interim Executive Director (IED), it was confirmed that these key indicators were absent from the review.

Failure to establish quality indicators for the review of the IPAC program created a reduced opportunity for the measurement of meaningful targets and a fulsome evaluation of the IPAC program.

**Sources:** Interviews, review of IPAC program evaluation.

**WRITTEN NOTIFICATION: Administration of Drugs**

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 140 (2)**

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The licensee failed to administer a medication to resident #002 as directed by the prescriber.

**Rationale and Summary**



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The Ministry of Long Term Care (MLTC) received a complaint with regards to the long term care home's (LTCH) administration of a prescribed medication for resident #002.

As per resident #002's, clinical records, the resident was to have a specified medication administered at specified intervals. Upon review of numerous specified records, it was noted that there were two occasions on a specified date during which the LTCH did not have the ordered medication in stock. During an interview with the IED it was further confirmed that the resident had not received the medication as ordered on multiple occasions.

The IED reported that a course of education had been undertaken by all registered staff in the identified RHA with regards to the administration of the identified medication. The IED further indicated that the LTCH had developed a new process for confirmation of administration of the identified medication in an attempt to mitigate future risk of medication errors.

Failure to administer the specified medication as ordered placed the resident at increased risk of discomfort.

**Sources:** Resident #002's clinical records, interview with IED.