

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

Public Report

Report Issue Date: August 27, 2025

Inspection Number: 2025-1438-0006

Inspection Type:

Complaint
Critical Incident

Licensee: Southlake Residential Care Village

Long Term Care Home and City: Southlake Residential Care Village, Newmarket

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 20, 21, 22, 25, 26, 2025.

The following intake(s) were inspected:

- Two intakes related to a resident fall with injury,
- One intake related to an allegation of staff to resident abuse, and
- One complaint related to a resident fall.

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

Skin and Wound Prevention and Management
Safe and Secure Home
Prevention of Abuse and Neglect
Reporting and Complaints
Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

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

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; and

The licensee failed to ensure that there was a written plan of care for each resident that set out clear directions to staff and others who provided direct care to an identified resident.

A resident was receiving personal care by a direct care worker and sustained an injury.

The written plan of care included two different interventions for receiving personal care from staff.

The Interim Director of Care (IDOC) indicated that it would have been unclear to staff as to the current intervention for providing care to the resident.

Sources: Complaint, resident's progress notes, Point of Care (POC) documentation, plan of care, electronic medication administration record (eMAR) and interviews with PSW, Registered Nurse (RN), and other staff.

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee failed to ensure that the plan of care for an identified resident was reviewed or revised at least every six months or at any other time when the resident's care needs changed or care set out in the plan was no longer necessary.

An identified resident experienced a fall, and was transferred to the hospital. At the time of this inspection, the plan of care indicated interventions that were not current.

A Registered Practical Nurse (RPN) and a PSW indicated that the resident no longer required those interventions, and further indicated that the plan of care for the resident should have been revised when their care needs changed.

Sources: Critical Incident Report (CIR), resident's progress notes, POC documentation, plan of care, eMAR and interviews with the resident, RPN, and other staff.

WRITTEN NOTIFICATION: Air temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (3)

Air temperature

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s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee failed to ensure that the temperature was measured and documented in writing, at minimum, in at least two resident bedrooms in different parts of the home and in one resident common area on every floor of the home, at least once every morning on all days in an identified month.

A Maintenance staff member reported that the temperature measurements for the resident rooms was to be completed every other day. The home's Environmental Services Manager (ESM) acknowledged that temperature measurements for the resident common area on every floor of the home and in at least two resident bedrooms were not documented every morning, as per the requirements.

Sources: The Home's Temperature Logs, and interviews with Maintenance Staff and the home's ESM.

WRITTEN NOTIFICATION: Falls prevention and management

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

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

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).

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The licensee failed to ensure that the Falls prevention and management program must, at a minimum, provided for strategies to reduce or mitigate falls, included 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 devices. Specifically, not monitoring a resident after they returned from hospital.

A resident experienced a fall and was transferred to the hospital with an upper body injury. The resident returned to the home the same day and the home continued with an identified assessment.

The resident was not monitored on five occasions using the required assessment tool.

Sources: Complaint, resident's progress notes, POC documentation, plan of care, eMAR and interviews with the complainant, RN, and other staff.

WRITTEN NOTIFICATION: Skin and wound care

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

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

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,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated.

The licensee has failed to ensure that a resident's impaired skin integrity was

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reassessed on a weekly basis. Forms for the weekly reassessment were opened and initiated by a registered staff member, however, the entries included the exact same information as the initial assessment, as well as indicated that the identified skin integrity concern was "new" every assessment. Reassessments were noted to be late entries, entered beyond the seven day/weekly time period.

The home's Interim Assistant Director of Care (IADOC) acknowledged that the weekly reassessments were not completed properly and that it would be expected that they do not contain the exact wording as the initial assessment or state that the impaired skin integrity was "new" every week.

Sources: Progress notes for the resident, Weekly Impaired Skin Integrity Assessments, and interview with the home's IADOC.



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

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