

Public Report

Report Issue Date: October 16, 2025

Inspection Number: 2025-1438-0007

Inspection Type:

Critical Incident

Follow up

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): October 6-9, 14, 16, 2025

The inspection occurred offsite on the following date(s): October 15, 2025

The following intake(s) were inspected:

An Intake related to Follow-up #1 for Compliance Order (CO) #001 related to transferring and positioning techniques.

Two intakes for improper care of a resident

An intake regarding an injury of a resident

Previously Issued Compliance Order(s)

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

Order #001 from a previous inspection related to transfer and positioning techniques.

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

Resident Care and Support Services

Falls Prevention and Management

INSPECTION RESULTS

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

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: 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).

A resident's fall prevention device observed to be disconnected on a specific date. A Personal Support Worker (PSW) immediately reconnected it and in a subsequent observation, the device was found to be properly connected and functioning.

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 (2)

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The licensee failed to ensure a resident's post-fall assessment contained accurate and complete information.

The home's Fall prevention policy, indicated a fall post incident assessment must be completed by a nurse and shall include environmental conditions at the time of fall, all medication classes the resident received over the last 12 hours prior to the fall, referrals and plan of care, an analysis of contributing factors, and determination of the probable root cause, which was not done to its entirety for the resident.

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Sources: The home's Fall Prevention and Injury Reduction policy and the resident clinical records.

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) (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 had failed to ensure a resident who exhibited altered skin integrity was reassessed at least weekly by a member of the registered nursing staff.

A record review indicated that the resident did not receive their weekly skin and wound assessments on multiple dates. Additionally, some skin and wound assessments were signed by registered staff but were not completed in Point Click Care (PCC).

The Assistant Director of Care (ADOC) confirmed the same.

Sources: A CIR, the resident's clinical records and interview with the ADOC.

COMPLIANCE ORDER CO #001 Plan of care

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 6 (4) (a)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

The inspector is ordering the licensee to comply with a Compliance Order:

1. The Director of Care (DOC) and/or a member of the home's management team, in

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consultation with the home's Medical Director, shall develop and implement a guidance document and/or clinical pathway for registered staff. This document must be based on current evidence-based practices on post fall assessment for unwitnessed and witnessed falls for residents on anticoagulant therapies and conducting Head Injury Routine (HIR) assessments.

2. Provide education to all registered staff (including Registered Nurse Supervisors) who worked during a defined timeframe on a specific resident home area (RHA), where the resident resides. This education must cover the content outlined in part 1 of this Compliance Order (CO) .

3. Upon receiving this CO, the home must prepare a list of all staff required to complete the education. This list must be made available to the Inspector during the follow-up inspection.

4. Documentation of the education sessions must include:

The date and content of the session

Full names and professional designations of all educators and participants

Confirmation that each required staff member completed the education (e.g., attendance records or signed acknowledgements)

All documentation must be retained and provided to the Inspector upon request.

Grounds

A resident experienced an unwitnessed fall and was placed on a specific monitoring protocol. Initially, no injuries or changes in condition were noted. However, approximately three days later, the resident's condition changed. The on-call physician was contacted and prescribed a medication. Critical information, including the recent fall, their specific medication and the ongoing monitoring related to the fall was not communicated to the on-call physician.

The resident's condition continued to decline over the next two days and following further assessment and consultation with the nurse practitioner, the resident was sent to hospital. There, the resident was diagnosed with a significant injury that required the discontinuation of a specific medication. Staff interviews later confirmed that the fall and medication history were not initially disclosed to the physician, resulting in a delay in appropriate care.

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Staff failure to collaborate was high risk when the resident experienced a change in condition while on a specific monitoring protocol following an unwitnessed fall. No action was taken. The physician called but was not informed about the fall and the use of a specific medication. The resident was sent to hospital two days later and diagnosed with a significant injury and the specific medication was stopped in hospital.

Sources: Resident's clinical health records, a CIR and interviews with staff.

This order must be complied with by January 5, 2026

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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

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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
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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.



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

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