

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: January 22, 2026

Inspection Number: 2026-1438-0001

Inspection Type:
Proactive Compliance Inspection

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): January 7-9, 12-14, 16, 19-22, 2026

The inspection occurred offsite on the following date(s): January 15, 2026

The following intake(s) were inspected:

- An intake related to a Proactive Compliance Inspection.

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Medication Management
- Residents' and Family Councils
- Safe and Secure Home
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Quality Improvement
- Residents' Rights and Choices
- Pain Management

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Posting of information

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

Non-compliance with: FLTCA, 2021, s. 85 (1)

Posting of information

s. 85 (1) Every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the regulations.

Required information, including the long-term care home's policy to promote zero tolerance of abuse and neglect of residents, was not posted in a conspicuous and easily accessible location. An outdated version of the policy was in a supplemental binder that was kept in a different location than the bulletin board being utilized for posting resident information. There was no signage on the bulletin board to inform residents and visitors of the existence of a binder where other required information is kept. A resident indicated that they were only aware of the main bulletin board. The home's Interim Executive Director (IED) acknowledged that the binder is not located in a conspicuous location.

Sources: Observations, review of the bulletin board, review of the binder's content, and interviews with a resident and the home's IED.

WRITTEN NOTIFICATION: Required information

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

Non-compliance with: FLTCA, 2021, s. 85 (3) (d)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(d) an explanation of the duty under section 28 to make mandatory reports;

Required information, including an explanation of the duty under section 28 of the Fixing Long-Term Care Act (FLTCA), 2021, to make mandatory reports was not posted in the home. Originally, there was a posting outlining the duty under section 24 of the Long-Term Care Homes Act (LTCHA), 2007 posted on the wall adjacent to a bulletin board, however, the poster was taken down without an updated version put in place.

Sources: Observation, review of postings, interview with the home's Interim Executive

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Director (IED).

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 (1)

Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The home's air temperature logs for a specified month consistently recorded temperatures below 22 degrees Celsius at each designated measurement interval for temperature readings taken of common areas on the ground level of the home, including the resident café, the television room, auditorium, chapel, and library. The home's Environmental Services Manager (ESM) acknowledged that the home is to be maintained at a minimum of 22 degrees Celsius.

Sources: The home's air temperature logs and an interview with the home's ESM.

WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (1) 3.

Skin and wound care

s. 55 (1) The skin and wound care program must, at a minimum, provide for the following:

3. Strategies to transfer and position residents to reduce and prevent skin breakdown and reduce and relieve pressure, including the use of equipment, supplies, devices and positioning aids.

A resident's plan of care had instructions relating to the implementation of equipment to reduce or relieve pressure. A Registered Practical Nurse (RPN) and the home's Skin & Wound Champion acknowledged that the instructions for implementation of the equipment did not provide for effective pressure relief.

Sources: Clinical records for a resident and interviews with a RPN and RPN/Skin & Wound Champion.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

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

Non-compliance with: O. Reg. 246/22, s. 74 (2) (c)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(c) the implementation of interventions to mitigate and manage those risks;

A resident received a diet that was inconsistent with their care plan. Record review and interviews with the Dietary Manager and RPN confirmed the inconsistency.

Sources: A resident's care plan, observations, and Interviews with the Dietary Manager and RPN.

WRITTEN NOTIFICATION: Food production

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 78 (8)

Food production

s. 78 (8) The licensee shall ensure that, during every hour in which a food service area is operating, there is at least one cook, food service worker or nutrition manager in the food service area who has successfully completed food handler training. O. Reg. 66/23, s. 16.

The home had no cook on-site.

A review of the original menus indicated that, on a specific date, dinner was planned to include roast beef; however, as the home did not have a cook available on site on that day, the planned meal could not be prepared, and cold sandwiches were served instead.

Sources: Dinner menu, Interviews with the Kitchen Manager and a resident.

WRITTEN NOTIFICATION: Dining

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NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 8.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

8. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

A resident was not provided an assistive device required to safely drink as part of their care plan.

Sources: A resident's care plan, observations, and Interviews with the Dietary Manager and RPN.

COMPLIANCE ORDER CO #001 Skin and wound care

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

1. Provide education to all registered nursing staff working on the specified Resident Home Areas (RHAs) in relation to the home's process and procedures for initially assessing and reassessing identified altered skin integrity. The home shall produce a list of the registered nursing staff required to complete the education. Education documentation must include: the date the education was provided, the full names and designations of educators and participants, confirmation that each registered nursing staff completed the education (e.g. attendance record, completion acknowledgement), and the contents of the education. Documentation must be retained and provided to the

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Inspector upon request.

2. The home will develop and implement a process for tracking identified altered skin integrity in the home to ensure that residents identified as having altered skin integrity are receiving appropriate assessments.

3. The Skin & Wound Lead, the home's Skin & Wound Champion, and/or designated delegate will conduct weekly audits for three consecutive weeks of all residents identified as having altered skin integrity on the specified Resident Home Areas (RHAs) using the developed process from part 2 of the order. The home will generate a list of all residents identified as having altered skin integrity on the specified RHAs as of the date of receipt of this Compliance Order (CO). The three consecutive weeks of audits will follow the residents on the generated list and ensure that appropriate assessments are provided to the residents. Documentation of the audits must include the date of the audit, the name and designation of the auditor, the name of the resident identified as having the altered skin integrity, and any corrective actions when the home's process was not followed. This documentation must be retained and provided to the Inspector upon request.

Grounds

1. A resident was identified as having altered skin integrity on a specific date. An initial assessment of the altered skin integrity was completed, however, weekly reassessments were not completed on multiple dates. As a result of skin and wound reassessments not being completed on a weekly basis, there was lost opportunity for the monitoring of the resident's altered skin integrity. The resident was at increased risk of discomfort and negative clinical outcomes, as the altered skin integrity worsened.

Sources: Clinical records for a resident and interviews with a RPN and the RPN/Skin & Wound Champion.

2. Another resident was identified as having altered skin integrity on a certain date. An initial assessment was completed, however, the weekly reassessments were not completed for multiple dates. Without weekly skin and wound reassessments, the opportunity for monitoring the resident's altered skin integrity was lost. The exact status of the altered skin integrity concern was not clear due to the lack of reassessment, which placed the resident at increased risk of discomfort and negative clinical

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outcomes.

Sources: Clinical records for a resident and interview with the RPN/Skin & Wound Champion.

This order must be complied with by April 17, 2026

COMPLIANCE ORDER CO #002 Skin and wound care

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

Skin and wound care

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

(e) a resident exhibiting a skin condition that is likely to require or respond to nutrition intervention, such as pressure injuries, foot ulcers, surgical wounds, burns or a worsening skin condition, is assessed by a registered dietitian who is a member of the staff of the home, and that any changes the registered dietitian recommends to the resident's plan of care relating to nutrition and hydration are implemented. O. Reg. 246/22, s. 55 (2); O. Reg. 66/23, s. 12.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

1. The home will provide education to all registered nursing staff, including agency staff, working on the specified Resident Home Areas (RHAs) on the expected referral process to the home's Registered Dietitian (RD) in relation to skin and wound conditions. The education will include review of the skin conditions that would be appropriate for referral to the RD as well as review of the home's expected referral process. The home shall produce a list of the registered nursing staff required to complete the education.

Documentation of the education must include: the date of the education, the full names and designations of the educators and participants, the content of the education, and confirmation that each required participant completed the education (e.g. attendance records, completion acknowledgement, sign-offs). Documentation must be retained and provided to the Inspector upon request.

2. The home's Skin and Wound Lead, Skin and Wound Champion, Registered Dietitian, and/or designate will develop and implement a process to track referrals being made to the home's RD in relation to residents exhibiting skin conditions that are likely to require

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or respond to nutrition intervention. The developed tracking process shall be implemented on the specified RHAs for a period of four consecutive weeks. The home shall maintain documentation related to the developed tracking process and any instances in which the tracking process determined that a required referral was not generated, as well as any corrective actions taken in response to referrals not being generated. The documentation will be made available to the Inspector upon request.

Grounds

1. A resident was initially identified as exhibiting a skin condition on a specific date. The resident was referred to the home's RD and assessed at that time. The skin condition worsened yet the resident was not re-referred to the home's RD for assessment. A RPN indicated that a referral should be generated to the RD when a skin condition is not healing, however, they also identified that registered staff are not required to complete referrals to the RD. The RPN/Skin & Wound Champion acknowledged that a referral was not made to the RD, despite the worsening of the resident's skin condition. The home's RD acknowledged that they should have received a referral for the worsening of the resident's skin condition. Lack of re-referral to the RD when the resident's skin condition was worsening, reduced the resident's access and opportunity for an interprofessional approach to the treatment of the skin condition and ultimately, the opportunity for the potential implementation of nutrition and hydration interventions to assist with promoting skin integrity and healing.

Sources: Clinical records for a resident and interviews with a RPN, the RPN/Skin & Wound Champion, and the home's RD.

2. Another resident was identified as exhibiting a skin condition. An initial skin and wound assessment, completed by the registered nursing staff, specified that a referral to the home's RD was indicated/completed, yet no referral was generated. A RPN acknowledged that a referral to the home's RD would be expected if a resident exhibited a certain skin condition and that one was not completed for this resident and should have been. The Home's Skin and Wound Champion confirmed that a referral to the RD was not completed in relation to this resident's skin condition and could have been. The home's RD confirmed that they did not receive a referral for assessment in relation to this resident's skin condition and that they would expect a referral to the RD to have been completed. Without an assessment from the RD, there was lost opportunity for an interprofessional approach to the treatment of the resident's skin condition and

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ultimately, the opportunity for the potential implementation of nutrition and hydration interventions to assist with promoting skin integrity and healing was lost.

Sources: Clinical records for a resident and interviews with a RPN, the RPN/Skin & Wound Champion, and the home's RD.

This order must be complied with by April 17, 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
Toronto, ON, M7A 1N3
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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