

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: March 24, 2026

Inspection Number: 2026-1438-0003

Inspection Type:

Complaint
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): March 4 - 6, 9 - 13, 16 - 20, 23, & 24, 2026.

The following intake(s) were inspected:

-Intake related to Compliance Order (CO) #001 to a follow-up from inspection #2025-1437-0007, FLTCA, 2021 - s. 6 (4) (a) plan of care CDD January 5, 2026.

-Intake related to a fall

-Intake related to physical abuse of a resident

-Intake related to physical abuse of a resident

-Intake related to fall of a resident

-Intake related to improper care, risk of harm/harm to resident

-Intake related to physical abuse of a resident

-Intake related to abuse of a resident

-Intake related to a fall of a resident

-Intake related to a fall of a resident

-Intake related to neglect/improper care a resident

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- Intake related to neglect of a resident
- Intake related to lack of care of a resident
- Intake related to neglect/improper care of a resident

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1438-0007 related to FLTCA, 2021, s. 6 (4) (a).

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Residents' Bill of Rights

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 1.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.

A resident activated the call-bell and a Personal Support Worker (PSW) responded to

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the call. The PSW then informed the resident they would return shortly however, the PSW did not return to the resident until later time.

Sources: Complaint, home's internal investigative notes, and interviews with home staff.

WRITTEN NOTIFICATION: Plan of care

NC #002 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

A resident's plan of care had instructions related to the assistance the resident required. The instruction for an identified area did not provide clear direction to staff.

Sources: CIS report, resident's health records, home's internal investigative notes, and interview with home staff.

WRITTEN NOTIFICATION: Integration of assessments, care

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

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

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,

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

The home's Physiotherapist (PT) assessed the resident and provided recommended for interventions. There was no documentation to support that the all of the recommendations had been offered, trialed, implemented/declined.

Sources: Resident's health records, and interview with home staff.

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WRITTEN NOTIFICATION: Duty to protect

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

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

O. Reg. 246/22, section 7 defines neglect as the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

The resident had an incident with an injury due to the home not providing the required interventions for the resident's safety.

Sources: CIS report, resident's health records, review of video surveillance, and interview with home staff.

WRITTEN NOTIFICATION: General requirements for programs

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

Non-compliance with: O. Reg. 246/22, s. 34 (2)

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

An RPN was informed of an injury sustained by the resident and it was noted that the RPN did not complete any documentation related to the interaction, including the required assessments in the resident's clinical records.

Sources: Resident's health records, home's internal investigation notes, the home's policies and interviews with home staff.

WRITTEN NOTIFICATION: Skin and wound care

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NC #006 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;

1. The resident was identified to have altered skin integrity and reassessments were initiated on a weekly basis, however, were not fully completed.

Sources: Resident's health records and interview with home staff.

2. The resident's altered skin integrity was not reassessed weekly on several occasions during an identified period of time.

Sources: Resident's health records and interview with home staff.

3. The resident was identified to have altered skin integrity and the weekly reassessments were noted to be missed. Reassessments documented were noted to be incomplete.

Sources: Resident's health records and interview with home staff.

WRITTEN NOTIFICATION: Skin and wound care

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

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.

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246/22, s. 55 (2); O. Reg. 66/23, s. 12.

The resident was identified to have an altered skin integrity and when the site deteriorated a reassessment by the Registered Dietitian (RD) was not carried out.

Sources: Complaint, resident's health records and interview with home staff.

WRITTEN NOTIFICATION: Responsive behaviours

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

1. A resident with identified care needs was to be monitored and the monitoring form was found to be incomplete.

Sources: CIS report, resident's health records and interview with home staff.

2. Monitoring was initiated for a resident and the documentation was not completed as required.

Sources: CIS report, resident's health records and interview with home staff.



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

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