

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: February 6, 2026

Inspection Number: 2026-1710-0001

Inspection Type:
Critical Incident

Licensee: Lakeridge Health

Long Term Care Home and City: Lakeridge Gardens, Ajax

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 27-30, 2026 and February 2-5, 2026

The following intake(s) were inspected:

- Two intakes were related to an injury of unknown cause
- Four intakes were related to staff to resident abuse
- Two intakes were related to resident to resident abuse
- Two intakes were related to improper care of a resident

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Restraints/Personal Assistance Services Devices (PASD) Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Protection from restraining and confining

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

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Non-compliance with: FLTCA, 2021, s. 34 (1) 5.

Protection from certain restraining

s. 34 (1) Every licensee of a long-term care home shall ensure that no resident of the home is:

5. Restrained, by the use of barriers, locks or other devices or controls, from leaving a room or any part of a home, including the grounds of the home, or entering parts of the home generally accessible to other residents, other than under the common law duty referred to in section 39.

A Critical incident System (CIS) report was submitted to the Ministry of Long Term Care (MLTC) related to an allegation of improper care of a resident. According to the report, a staff used an object to confine a resident. A review of the investigation notes and an interview with the home's staff verified that confinement of the resident was unjustified.

Sources: The home's investigation file, and interview with staff.

WRITTEN NOTIFICATION: Required programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 2.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure injuries, and provide effective skin and wound care interventions.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to ensure that written policies developed for the skin and wound program were complied with.

Specifically, the home's skin and wound care policy indicated the care staff were to record any skin abnormality in their documentation system. staff did not document skin abnormalities as requires.

Sources: The home's investigation notes, Interviews with staff.

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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,

A skin assessment using a clinically appropriate assessment instrument specifically designed for skin and wound assessment was not completed for a resident when the resident exhibited altered skin integrity the homes investigation notes and interview with staff confirmed the assessment was not completed.

Sources: Homes investigation notes, Interview with staff.

WRITTEN NOTIFICATION: Prohibited devices that limit movement

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

Non-compliance with: O. Reg. 246/22, s. 121 7.

Prohibited devices that limit movement

s. 121. For the purposes of section 38 of the Act, every licensee of a long-term care home shall ensure that the following devices are not used in the home:

7. Sheets, wraps, tensors or other types of strips or bandages used other than for a therapeutic purpose.

A prohibited device that limited movement was used by the licensee.

The home's investigation notes and interviews with staff, verified that a PSW applied a prohibited restraint to a resident to prevent a responsive behaviour.

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The DOC identified that staff were not able to use this as a restraining device regardless of intent.

Sources: Home's investigation notes, interview's with staff.



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

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