

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

## Original Public Report

**Report Issue Date:** February 13, 2024

**Inspection Number:** 2024-1033-0001

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** Jarlette Ltd.

**Long Term Care Home and City:** The Villa Care Centre, Midland

**Lead Inspector**

Shannon Russell (692)

**Inspector Digital Signature**

**Additional Inspector(s)**

Charlotte Scott (000695)

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 29-31, February 1-2, and 5-6, 2024.

The following intake(s) were inspected:

- 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  
Residents' and Family Councils

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Medication Management  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Quality Improvement  
Residents' Rights and Choices  
Pain Management  
Falls Prevention and Management

## INSPECTION RESULTS

### 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: 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.

The licensee has failed to ensure that the written plan of care provided clear direction to staff for a resident, regarding their continence status and needs.

### Rationale and Summary

A resident's plan of care identified two separate foci that indicated a conflict with their level of continence and the level of assistance required from staff.

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The resident, Personal Support Workers (PSW), and a Registered Practical Nurse (RPN), identified the resident's current continence status. The staff members indicated that the resident's plan of care should include the resident's current care requirements, and the RPN indicated that they would have the resident's plan of care revised at that time.

The Director of Care (DOC) identified that the plan of care was to include the current status and care requirements for residents, and was to be updated as indicated by the resident's needs. The DOC reviewed the updated plan of care for the resident, and indicated that the plan of care had not provided staff with clear direction as to the resident's continence status and level of assistance they required.

There was low impact and risk to the resident, as staff were aware that of the resident's current continence status and needs.

Sources: a resident's health care records; and interviews with a resident, PSWs, a RPN, and the DOC. [692]

Date Remedy Implemented: February 2, 2024.