

Inspection Report under  
the Long-Term Care  
Homes Act, 2007

Rapport d'inspection prévue  
sous *la Loi de 2007 sur les foyers  
de soins de longue durée*

Long-Term Care Homes Division  
Long-Term Care Inspections Branch

Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée

Sudbury Service Area Office  
159 Cedar Street Suite 403  
SUDBURY ON P3E 6A5  
Telephone: (705) 564-3130  
Facsimile: (705) 564-3133

Bureau régional de services de  
Sudbury  
159, rue Cedar Bureau 403  
SUDBURY ON P3E 6A5  
Téléphone: (705) 564-3130  
Télécopieur: (705) 564-3133

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 25, 2019	2019_752627_0015	009014-19, 009015-19	Follow up

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**Licensee/Titulaire de permis**

Orillia Long Term Care Centre Inc.  
c/o Jarlette Health Services 711 Yonge Street MIDLAND ON L4R 2E1

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**Long-Term Care Home/Foyer de soins de longue durée**

Leacock Care Centre  
25 Museum Drive ORILLIA ON L3V 7T9

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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

SYLVIE BYRNES (627), RYAN GOODMURPHY (638)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): July 15-19, 22-26, and July 30- August 9, 2019.**

**The following intakes were inspected during this Follow Up Inspection:**

- One intake, related to compliance order (CO) #001, from inspection report #2019\_671684\_0012, regarding Section (s.) 6 (9), of the Long-Term Care Homes Act, 2007, specific to documenting the provision of care as set out in the care plan; and,**
- One intake, related to compliance order (CO) #002, from inspection report #2019\_671684\_0012, regarding s. 6 (10), of the Long-Term Care Homes Act, 2007, specific to the revision of the plan of care.**

**A Complaint Inspection, #2019\_752627\_0016 and a Critical Incident System (CIS) Inspection, #2019\_752627\_0017, were conducted concurrently with this inspection.**

**A Written Notification, Compliance Order and Director's Referral, related to LTCHA, 2007, s.6 (10), identified in concurrent inspection #2019\_752627\_0016, was issued in this report.**

**Inspector Michelle Berardi, (#679), attended this inspection, along with Inspectors #627 and #638.**

**During the course of the inspection, the inspector(s) spoke with the previous Administrator, Director of Care (DOC), staff members, families and residents.**

**The Inspectors also observed resident care areas, the provision of care and services to residents, staff to resident interactions, reviewed relevant health care records, internal investigation documents and policies and procedures.**

**The following Inspection Protocols were used during this inspection:**  
**Responsive Behaviours**  
**Skin and Wound Care**

**During the course of this inspection, Non-Compliances were issued.**

- 1 WN(s)**
- 0 VPC(s)**
- 1 CO(s)**
- 1 DR(s)**
- 0 WAO(s)**

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / DE L'INSPECTION</b>	<b>NO NO DE L'INSPECTEUR</b>
LTCHA, 2007 S.O. 2007, c.8 s. 6. (9)	CO #001	2019_671684_0012	638

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following:**

- s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
  - (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
  - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
  - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that resident #012 was reassessed, and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs changed, or care set out in the plan was no longer necessary.

Compliance order #002 was served to the licensee on April 29, 2019, from inspection report #2019\_671684\_0012, related to section 6 (10) (b), of the Long-Term Care Home's Act (LTCHA) 2007, and had an amended compliance due date of June 17, 2019. The compliance order stated:

The licensee must be compliant with s.6 (10) (b) of the Long Term Care Homes Act (LTCHA). Specifically, the licensee must ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary.

A complaint was submitted to the Director which outlined an alleged incident of resident to resident abuse. The complainant indicated that they had been made aware of an incident whereby resident #011 had been abused, and that the home was not following their own abuse policy.

Inspector #638 reviewed resident #011's health care records and identified a progress note that indicated that staff witnessed resident #011 demonstrating a specific type of responsive behaviour towards resident #012.

Inspector #627 reviewed resident #012's written plan of care and was unable to identify any indication that the resident had a specific type of responsive behaviours.

Inspector #627 reviewed the home's policy titled "Resident Rights Care and Services – Plan of Care", last revised March 13, 2018, which indicated that "all interdisciplinary members involved in developing the plan of care will ensure that the resident [was] reassessed and the care plan [was] reviewed and revised when the resident's care needs [had] changed".

Inspector #627 reviewed the home's policy titled "Resident Rights, Care And Services – Abuse – Zero-Tolerance Policy for Resident Abuse and Neglect" last revised April 25, 2019, which indicated that the Administrator, Director of Care or the Manager On-Call will ensure the care plans of all residents involved have been updated accordingly.

In an interview with Inspector #638 and Inspector #627, staff member #128 indicated that resident #012 had a history of certain responsive behaviours, but this was the first instance for this specific type of responsive behaviour. The staff member stated that it was the responsibility of the registered staff to update the resident's care plan and they could not answer on their behalf as to why the care plan had not been updated. Staff member #128 stated that they had updated resident #011's care plan once they became aware that the care plan had not been updated.

Inspector #627 interviewed the previous Administrator who acknowledged that resident #012's care plan should have been updated by the registered staff on the floor at the time to reflect all of the resident's responsive behaviours.

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".  
DR # 001 – The above written notification is also being referred to the Director for further action by the Director.***

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**Issued on this 1st day of October, 2019**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

Long-Term Care Homes Division  
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée  
Inspection de soins de longue durée

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** SYLVIE BYRNES (627), RYAN GOODMURPHY (638)

**Inspection No. /**

**No de l'inspection :** 2019\_752627\_0015

**Log No. /**

**No de registre :** 009014-19, 009015-19

**Type of Inspection /**

**Genre d'inspection:** Follow up

**Report Date(s) /**

**Date(s) du Rapport :** Sep 25, 2019

**Licensee /**

**Titulaire de permis :** Orillia Long Term Care Centre Inc.  
c/o Jarlette Health Services, 711 Yonge Street,  
MIDLAND, ON, L4R-2E1

**LTC Home /**

**Foyer de SLD :** Leacock Care Centre  
25 Museum Drive, ORILLIA, ON, L3V-7T9

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Vittoria Trainer

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To Orillia Long Term Care Centre Inc., you are hereby required to comply with the following order(s) by the date(s) set out below:

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

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**Order # /**

**Ordre no :** 001

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

**Linked to Existing Order /** 2019\_671684\_0012, CO #002;  
**Lien vers ordre existant:**

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,  
(a) a goal in the plan is met;  
(b) the resident's care needs change or care set out in the plan is no longer necessary; or  
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

**Order / Ordre :**



**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

The licensee must be compliant with s. 6 (10) (b) of the Long-Term Care Homes Act (LTCHA).

Specifically, the license is required to prepare, submit and implement a plan for achieving compliance under s. 6 (10) (b) of the Long-Term Care Homes Act (LTCHA). The plan shall include but not be limited to:

- 1) Ensuring that all residents are reassessed, and the plan of care reviewed and revised at least every six months and at any other time when, (a) a goal in the plan is met; (b) the resident's care needs change or care set out in the plan is no longer necessary; or (c) care set out in the plan has not been effective.
- 2) Develop, implement, and maintain records for an auditing process to ensure that residents are reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (a) a goal in the plan is met; (b) the resident's care needs change or care set out in the plan is no longer necessary; or (c) care set out in the plan has not been effective.
- 3) The plan shall identify who will be responsible for the audits and the frequency of the audits.

Please submit the written plan, quoting inspection #2019\_752627\_0015 and Sylvie Byrnes by email to SudburySAO.moh@ontario.ca, by October 9, 2019.

Please ensure that the submitted written plan does not contain any PI/PHI.

**Grounds / Motifs :**

1. The licensee has failed to ensure that resident #012 was reassessed, and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs changed, or care set out in the plan was no longer necessary.

Compliance order #002 was served to the licensee on April 29, 2019, from inspection report #2019\_671684\_0012, related to section 6 (10) (b), of the Long-Term Care Home's Act (LTCHA)2007, and had an amended compliance due date of June 17, 2019. The compliance order stated:

The licensee must be compliant with s.6 (10) (b) of the Long Term Care Homes Act (LTCHA). Specifically, the licensee must ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months

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and at any other time when the resident's care needs change or care set out in the plan is no longer necessary.

A complaint was submitted to the Director which outlined an alleged incident of resident to resident abuse. The complainant indicated that they had been made aware of an incident whereby resident #011 had been abused, and that the home was not following their own abuse policy.

Inspector #638 reviewed resident #011's health care records and identified a progress note that indicated that staff witnessed resident #011 demonstrating a specific type of responsive behaviour towards resident #012.

Inspector #627 reviewed resident #012's written plan of care and was unable to identify any indication that the resident had a specific type of responsive behaviours.

Inspector #627 reviewed the home's policy titled "Resident Rights Care and Services – Plan of Care", last revised March 13, 2018, which indicated that "all interdisciplinary members involved in developing the plan of care will ensure that the resident [was] reassessed and the care plan [was] reviewed and revised when the resident's care needs [had] changed".

Inspector #627 reviewed the home's policy titled "Resident Rights, Care And Services – Abuse – Zero-Tolerance Policy for Resident Abuse and Neglect" last revised April 25, 2019, which indicated that the Administrator, Director of Care or the Manager On-Call will ensure the care plans of all residents involved have been updated accordingly.

In an interview with Inspector #638 and Inspector #627, staff member #128 indicated that resident #012 had a history of certain responsive behaviours, but this was the first instance for this specific type of responsive behaviour. The staff member stated that it was the responsibility of the registered staff to update the resident's care plan and they could not answer on their behalf as to why the care plan had not been updated. Staff member #128 stated that they had updated resident #011's care plan once they became aware that the care plan had not been updated.

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Inspector #627 interviewed the previous Administrator who acknowledged that resident #012's care plan should have been updated by the registered staff on the floor at the time to reflect all of the resident's responsive behaviours.

The severity of this issue was determined to be a level two, as there was minimal harm or potential for actual harm to residents of the home. The scope of the issue was isolated. The home had a level five compliance history, as despite Ministry of Health (MOH) action (VPC, order), non compliance continues with the original area of noncompliance with four or more compliance orders which included;

- one voluntary plan of correction issued January 5, 2017 (#2017\_393606\_0001);
- one written notification issued April 24, 2017, (#2017\_646618\_0011), and;
- compliance order #001 issued December 28, 2018, with a compliance due date of February 15, 2019 (#2018\_657681\_0025);
- compliance order #002 issued May 14, 2019, with a compliance due date of June 17, 2019, (2019\_671684\_0012 A1).

The home also had four or more compliance orders, within a three year compliance history. (627)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :**

Nov 25, 2019

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

**REVIEW/APPEAL INFORMATION**

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).

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**Ordre(s) de l'inspecteur**

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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

**PRENEZ AVIS :**

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

**Order(s) of the Inspector****Ordre(s) de l'inspecteur**

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section 154 of the *Long-Term  
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foyers de soins de longue durée*, L.  
O. 2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 25th day of September, 2019**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Sylvie Byrnes

**Service Area Office /**

**Bureau régional de services :** Sudbury Service Area Office