

**Original Public Report**

<b>Report Issue Date</b>	June 29, 2022		
<b>Inspection Number</b>	2022_1320_0001		
<b>Inspection Type</b>	<input checked="" type="checkbox"/> Critical Incident System <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Director Order Follow-up <input type="checkbox"/> Proactive Inspection <input type="checkbox"/> SAO Initiated <input type="checkbox"/> Post-occupancy <input type="checkbox"/> Other _____		
<b>Licensee</b>	Jarlette Health Services		
<b>Long-Term Care Home and City</b>	Leacock Care Centre, Orillia		
<b>Lead Inspector</b>	Amanda Belanger (736)		<b>Inspector Digital Signature</b>
Basel Mansour (741724) was also present during this inspection.			

**INSPECTION SUMMARY**

The inspection occurred on the following date(s): June 20-23, 2022.

The following intake(s) were inspected:

- Two logs related to allegations of staff to resident abuse;
- One log related to a resident fall with injury that resulted in transfer to hospital; and,
- One log, related to order #001 that was issued in report #2022\_907692\_0008, issued on April 5, 2022, related to tub and shower room doors being closed, with a Compliance Due Date (CDD) of May 13, 2022.

**Previously Issued Compliance Order(s)**

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

Legislative Reference	Inspection #	Order #	Inspector (ID) who complied the order
O. Reg. 79/10 s. 9 (1) 2	2022_907692_0008	001	736

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)
- Prevention of Abuse and Neglect
- Reporting and Complaints
- Safe and Secure Home

## 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#01 remedied pursuant to FLTCA, 2021, s. 154(2)

O. Reg. 246/22 s. 12 (1) 3

During observations, the Inspector noted that two linen rooms had their doors closed, however the locking mechanisms were not engaged, therefore the area was accessible without a code.

The home changed the locking mechanisms and adjusted the door closing mechanism to ensure that the two linen rooms identified during the Inspector's observations remained closed and locked at all times, when not in use or supervised.

Sources: Inspector's observations; interviews with Administrator and Regional Manager of Operations.

Date Remedy Implemented: June 23, 2022. [736]

### WRITTEN NOTIFICATION: IMMEDIATE REPORTING TO THE DIRECTOR

#### NC#02 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: LTCHA, 2007 s. 24 (1) 2

The licensee has failed to ensure that allegations of staff to resident abuse were immediately reported to the Director.

#### Rationale and Summary

It was reported to a Registered Practical Nurse that a PSW was rough when providing care to two residents.

The RPN sent an email to the Director of Care (DOC), however, it was not immediately received, and the Director was not notified of the allegation of abuse until two days after the incident occurred.

Sources: The Critical Incident (CI) reports; internal investigation notes; licensee policy titled “Mandatory Reporting to the Ministry of Long Term Care”; and, interview with Administrator. [736]

#### WRITTEN NOTIFICATION: INFORMATION TO BE INCLUDED IN REPORTS TO THE DIRECTOR

##### NC#03 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 79/10 s. 107 (4) 4 ii

The licensee has failed to ensure that when a resident fell and sustained an injury, the long term actions to prevent recurrence were submitted to the Director.

##### Rationale and Summary

The resident was noted to have sustained an injury after a fall.

The CI indicated that long term actions to prevent recurrence would be determined upon the resident’s return to the home. The long term actions to prevent recurrence were not amended.

The Regional Clinical Manager confirmed that long term actions to prevent recurrence were to be indicated in the CI report to the Director, and for this incident, the long term actions were not included.

Sources: The CI; licensee policy titled Mandatory Reporting to the Director; and, interview with the Regional Clinical Manager. [736]

#### WRITTEN NOTIFICATION: AIR TEMPERATURE RECORDS

##### NC#04 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 24(3)

The licensee has failed to ensure that the temperature was measured and documented in at least one common area on every floor of the home, and every designed cooling area, at least every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

##### Rationale and Summary

From May 15-31, 2022, on the “Daily Air Quality Tracking Form”, it was noted that there were temperature readings not recorded at the intervals set out, of days, every afternoon between 12 p.m. and 5 p.m., and once every evening or night. From May 15-31, 2022, there were a total of nine days on home area one; 12 days on home area two and three; and eight days on

home area 4 and 5 that were missing documentation of the temperature in either the cooling areas, the common areas, or both areas of the respective home areas.

From June 1-19, 2022, there were a total of 18 days that had missing documentation of temperatures in either the common areas or cooling areas for the required time frames of days, afternoons and evening/nights.

Sources: The home's "Daily Air Quality Tracking Forms"; licensee policy titled "LTC Prevention and Management of Heat Related Illness and Conditions (Hot Weather); interview with Administrator. [736]