

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

Public Report

Report Issue Date: March 4, 2025

Inspection Number: 2025-1320-0002

Inspection Type:

Proactive Compliance Inspection

Licensee: Orillia Long Term Care Centre Inc.

Long Term Care Home and City: Leacock Care Centre, Orillia

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 24-28, 2025.

The following intake(s) were inspected:

- Proactive Compliance Inspection

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Residents' and Family Councils
Medication Management
Food, Nutrition and Hydration
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices
Pain Management

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

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee failed to ensure that three doors across two home areas leading to non-residential areas were kept closed and locked to restrict unsupervised access to the areas by residents.

Sources: Inspector observations; and interviews with staff.

On February 27, 2025, the Inspector observed the doors were able to latch closed and the locks were functioning.

Date Remedy Implemented: February 27, 2025

WRITTEN NOTIFICATION: Dining and snack service

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

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

The licensee has failed to ensure that food was served at a temperature that was both safe and palatable, when a resident indicated the food was not the correct temperature, and it was identified staff had failed to record and/or incorrectly record the temperatures of food provided at meal service.

Sources: The home's policy and temperature tool; and interviews with staff and a resident.

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