

**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:** May 16, 2025

**Inspection Number:** 2025-1320-0004

**Inspection Type:**

Complaint  
Critical Incident

**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): May 12-16, 2025

The following intake(s) were inspected:

- One Intake related to Improper/incompetent care of a resident.
- One intake related to care concerns of a resident.

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

Resident Care and Support Services  
Medication Management  
Prevention of Abuse and Neglect  
Reporting and Complaints  
Falls Prevention and Management

## INSPECTION RESULTS

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**WRITTEN NOTIFICATION: Plan of Care**

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

**Non-compliance with: FLTCA, 2021, s. 6 (10) (b)**

Plan of care

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,  
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that a resident's plan of care was reviewed and revised when the resident's care needs changed.

A resident sustained falls during a specified time period. A review of the electronic medical record indicated that no fall prevention interventions were included in the care plan for a period of time.

The Director Of Care (DOC) indicated that there were no revisions to the care plan to reflect the change in the resident's status and assistance requirements as required.

**Sources:** A resident's electronic medical record; and interviews with the DOC and other staff.

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## **WRITTEN NOTIFICATION: Infection Prevention and Control Program**

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

**Non-compliance with: FLTCA, 2021, s. 23 (2) (a)**

Infection prevention and control program

s. 23 (2) The infection prevention and control program must include,

(a) evidence-based policies and procedures;

The licensee has failed to comply with the home's infection prevention and control program related to vaccinations for a resident.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to ensure that evidence-based policies and procedures were included in the IPAC program and ensure that they were complied with.

Specifically, staff did not comply with the licensee's policy, titled "LTC Vaccination Consent", version 5, with a revision date of February 01, 2025.

The licensee's "Vaccination Consent" policy stated that prior to administering vaccines, staff were to ensure consent was obtained and the consent discussion was documented on the licensee's "Vaccination Consent Form." Staff were to ensure that the consent form was signed by the resident or the Substitute Decision Maker (SDM) and was kept in the resident's file.

The DOC confirmed that the vaccination consent policy was not followed, when a vaccine was given without consent.

**Sources:** A clinical health record; licensee's policy, titled "LTC Vaccination Consent"; and interviews with the DOC.

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## **WRITTEN NOTIFICATION: Transferring and Positioning Techniques**

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 40**

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee has failed to ensure that a resident was transferred using safe techniques.

Staff failed to use safe lift and transfer techniques when transferring a resident.

**Sources:** Review of the CI; The home's policies titled "Resident Transfer, Lift and Positioning Guidelines"; a resident's electronic medical record; the home's internal investigation notes; interviews with the DOC.

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**WRITTEN NOTIFICATION: Falls prevention and Management**

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

**Non-compliance with: O. Reg. 246/22, s. 54 (1)**

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee has failed to comply with the falls program to provide a falls risk assessment for a resident.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that the falls prevention and management program must, at a minimum, provide strategies to reduce or mitigate falls, including the monitoring of residents.

Specifically, staff did not comply with the home's Falls Prevention policy that stated that staff were to ensure that a fall risk assessment was to be done with a change in health status occurs.

A resident sustained falls. The resident's health care records identified that the last fall risk assessment prior to the falls had not been updated.

The DOC indicated that the falls risk assessment had not been completed post change in health status as per the home's policy, and should have been.

**Sources:** A resident's progress notes; the home's investigation notes; the home's policy titled "LTC Falls Prevention and Management-Program"; and an interview with the DOC and other staff.

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