

Ministry of Long-Term Care

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

Ottawa District

347 Preston Street, Suite 410 Ottawa, ON, K1S 3J4 Telephone: (877) 779-5559

Public Report

Report Issue Date: March 20, 2025

Inspection Number: 2025-1286-0001

Inspection Type:

Complaint

Critical Incident

Licensee: Land O'Lakes Community Services

Long Term Care Home and City: Pine Meadow Nursing Home, Northbrook

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 13-14, 17-20, 2025

The following intake(s) were inspected:

- Intake: #00132389 / CIS #2796-000011-24 Alleged resident to resident physical abuse.
- Intake: #00137950 Complaint Concerns regarding staffing levels.
- Intake: #00140761 Complaint Concerns related to care of a resident.

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services Infection Prevention and Control Prevention of Abuse and Neglect Responsive Behaviours

INSPECTION RESULTS



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WRITTEN NOTIFICATION: Documentation

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that Point of Care (POC) documentation was completed for the Bed Mobility, Eating, Transferring, Toileting (BETT) task for a resident which is required to be documented every shift. Specifically, on an identified date in January 2025, documentation for the BETT task was missing on the day and evening shifts and on another identified date in January 2025, for the day, evening and night shifts.

Additionally, the licensee has failed to ensure that POC documentation was completed for a resident's bathing task on three identified days in March 2025.

Sources: Review of POC documentation for the identified residents, and interviews with PSW staff.

WRITTEN NOTIFICATION: Reporting and Complaints

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

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,



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(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The licensee has failed to ensure that a written complaint submitted to the home on an identified date in February 2025, regarding the care of a resident was immediately forwarded to the Director.

Sources: Interviews with the DOC, Administrator and a review of the written complaint.

WRITTEN NOTIFICATION: Reporting certain matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

Reporting certain matters to Director

- s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
- 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that an immediate report was made to the Director regarding alleged resident to resident physical abuse between two residents. The alleged incident occurred on an identified date in November 2024; however, a



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Critical Incident System (CIS) Report was not submitted to the Director until the following day.

Sources: Review of CIS Report and an interview with the Administrator.

WRITTEN NOTIFICATION: Reporting and Complaints

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

Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. i.

Dealing with complaints

- s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
- 3. The response provided to a person who made a complaint shall include,
- i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

The licensee has failed to ensure that the Ministry's toll-free telephone number for making complaints about homes and its hours of service and the contact information for the patient ombudsman under the Excellent Care for All Act, 2010, was provided in the response to a written complaint submitted to the home on an identified date in February 2025.

Sources

Interviews with the DOC, Administrator, a review of the written complaint, and the home's internal investigation file.