Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Public Report

Report Issue Date: July 22, 2025

Inspection Number: 2025-1413-0004

Inspection Type:
Complaint
Critical Incident
Follow up

Licensee: University Health Network

Long Term Care Home and City: Lakeside Long Term Care Centre, Toronto

INSPECTION SUMMARY

Additional Inspector, Enilo Palao (000935), was also present for this inspection.

The inspection occurred onsite on the following dates: June 30, July 2-4, 7-11, 14-18, and 22, 2025.
The inspection occurred offsite on the following date: July 18, 2025

The following intakes were inspected in this Follow Up inspection:
Intake: #00140360 - Follow-up Compliance Order (CO) related to medication administration
Intake: #00140361 - Follow-up CO related to medication management
Intake: #00147427 - Follow-up CO related to direct care staff training

The following intakes were inspected in this complaint inspection:
Intake: #00150184 related to maintenance services
Intake: #00150420 related to Infection Prevention and Control (IPAC) concerns
Intake: #00151395 related to air temperatures

The following intakes were inspected in this Critical Incident System (CIS) inspection:
Intake: #00146435 (CIS: 2929-000035-25) related to improper care and neglect
Intake: #00146541 (CIS: 2929-000037-25) related to allegation of staff to resident abuse
Intake: #00147034 (CIS: 2929-000040-25) related to injury of unknown cause
Intake: #00151751 (CIS: 2929-000062-25) related to environmental hazard and air temperatures

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2025-1413-0002 related to O. Reg. 246/22, s. 140 (2)
Order #002 from Inspection #2025-1413-0002 related to O. Reg. 246/22, s. 147 (1) (a)
Order #002 from Inspection #2024-1413-0004 related to O. Reg. 246/22, s. 261 (1) 1.

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

Resident Care and Support Services
Medication Management
Housekeeping, Laundry and Maintenance Services
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Staffing, Training and Care Standards

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty to Protect

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 24 (1)
Duty to protect
s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee has failed to ensure that a resident was protected from physical abuse by a Personal Support Worker (PSW).

Section 2 of the Ontario Regulation 246/22 defines physical abuse as the use of physical force by anyone other than a resident that causes physical injury or pain.

The PSW was rough while providing care to the resident, resulting in pain to the resident. The resident expressed repeatedly during care that they were in pain, but the PSW continued with rough care.

Sources: Critical Incident (CI) Report, resident's clinical records, home's investigation notes, PSW's employment file; and interviews with resident and staff.

WRITTEN NOTIFICATION: Foot care and nail care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 39 (1)
Foot care and nail care
s. 39 (1) Every licensee of a long-term care home shall ensure that each resident of the home receives preventive and basic foot care services, including the cutting of

toenails, to ensure comfort and prevent infection.

The home failed to ensure that the resident received preventative and basic foot care when a PSW did not provide treatment to the resident's feet as directed in their plan of care.

Sources: Resident's clinical record, interviews with PSW and other staff.

WRITTEN NOTIFICATION: Maintenance Services

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 96 (1) (a)
Maintenance services
s. 96 (1) As part of the organized program of maintenance services under clause 19 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and

The licensee has failed to ensure that the exterior of the building was maintained in good repair when the aluminum siding outside the building was left peeling off the wall with jagged edges.

The aluminum siding by the door leading into the dining room from the courtyard had peeled off the wall and had jagged edges. The area was easily accessible to the residents as the door was unlocked in the summer months.

Sources: Observations of courtyard; and interview with Maintenance Manager and other staff.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (15) 2.
Infection prevention and control program
s. 102 (15) Subject to subsection (16), every licensee of a long-term care home shall ensure that the infection prevention and control lead designated under this section works regularly in that position on site at the home for the following amount of time per week:
2. In a home with a licensed bed capacity of more than 69 beds but less than 200 beds, at least 26.25 hours per week.

The licensee has failed to ensure that the Infection Prevention And Control (IPAC) leads designated under this section works regularly in that position on site at the home for at least 26.5 hours per week.

Lakeside Long-Term Care Community had a licensed bed capacity of 128 beds, which required the IPAC Lead to be onsite for a minimum of 26.25 hours per week.

The home had a vacant IPAC Lead position and several IPAC Consultants were designated to fulfill the role interim.

The IPAC Consultant Support Schedule indicated that during a three week period, the designated IPAC Consultants were on site for less than 26.25 hours.

The ED acknowledged that IPAC Consultants were not on site for the required hours during that time period.

Sources: Home's IPAC Support Schedule and interview with Executive Director (ED).

WRITTEN NOTIFICATION: Notification re Incidents

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 104 (2)
Notification re incidents
s. 104 (2) The licensee shall ensure that the resident and the resident's substitute decision-maker, if any, are notified of the results of the investigation required under subsection 27 (1) of the Act, immediately upon the completion of the investigation.

The licensee has failed to ensure that a resident was notified of the result of the investigation into an allegation of abuse that they reported to the home.

The resident reported an allegation of abuse by a PSW to the home. The allegation was investigated, but the resident was not notified of the results of the investigation.

Sources: CI Report, home's investigation notes, PSW's employment file; and interviews with resident, and other staff.

COMPLIANCE ORDER CO #001 Accommodation services

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 19 (2) (c)
Accommodation services
s. 19 (2) Every licensee of a long-term care home shall ensure that,
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with FLTCA, 2021, s. 19 (2) (c) [FLTCA, 2021, s. 155 (1) (b)]:

The Licensee shall prepare, submit, and implement a plan to ensure that residents' bathroom fixtures and the drainage in the basement are maintained and in good repair.

The plan shall include but is not limited to:
- A written plan and timeline to identify and repair any broken fixtures in resident bathrooms on an identified home area.
- The plan shall ensure that regular audits are conducted in resident bathrooms and concerns are documented in writing with actions and timeline for repair completion.
- A summary of the required work to correct the recurrent flooding of the first floor servery, including the type of repair required, who would be responsible for completing the work, when the work will begin, and estimated date of completion.
- A process to monitor and track the progress of the repairs, including a designated contact person and a system to record any deviation to the proposed work or the timeline.

Please submit the written plan for achieving compliance for Inspection #2025-1413-0004 by August 6, 2025.

Please ensure that the submitted written plan does not contain any Personal Information (PI)/Personal Health Information (PHI).

This plan shall be implemented by the compliance due date: September 17, 2025

Grounds

1) The licensee has failed to ensure that the cabinets in a resident's bathroom was safe and maintained in good repair.

A resident sustained altered skin integrity from the broken bathroom cabinet. Six days later the resident was diagnosed with an injury to the same site.

A maintenance request regarding the broken cabinet was made and acknowledged by the former ESM after the incident.

Observation of the resident's bathroom indicated that the bathroom cabinet was still broken.

Failure to ensure that the bathroom cabinets were in safe and maintained in good repair resulted in the resident sustaining an injury.

Sources: Observation of resident's bathroom, review of resident's clinical records, and interview with resident, and other staff.

2) The licensee has failed to ensure that the home's plumbing system was maintained in a state of good repair.

On a specified date, the drain in the first floor servery was blocked resulting in flooding that spilled over to the adjoining dining room. This resulted in a foul odour that permeated the entire first floor and caused the displacement of residents from the dining room for more than 24 hours. The ESM and the Maintenance Manager acknowledged that since the previous year, the main drainage pipes in the basement have experienced multiple blockages that resulted in the accumulation of drainage water in the first floor servery. These drainage pipes channel the cumulative drainage from the serveries in the floors above. The ESM and

Maintenance Manager indicated that this recurrent drainage issue was caused by blockages along the drainpipes in the basement resulting in the backflow of drainage water to the first floor servery.

A work order from the contracting plumbing company showed that a similar drainage issue was addressed four months prior, with recommendations to replace the drainage pipes in the basement. The drainage pipes were not replaced.

Failure to maintain the basement drainage pipes in good working order resulted in recurrent drainage backflow into the first floor servery, increasing the risk of water damage, food contamination and disruption of pleasurable dining experience for the residents.

Sources: Plumbing contractors' work order; and interviews with resident and staff.

This order must be complied with by September 17, 2025

COMPLIANCE ORDER CO #002 Air Temperature

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 24 (4) (a)
Air temperature
s. 24 (4) In addition to the requirements in subsection (2), the licensee shall ensure that, for every resident bedroom in which air conditioning is not installed, operational and in good working order, the temperature is measured and documented in writing once a day in the afternoon between 12 p.m. and 5 p.m. on,
(a) every day during the period of May 15 to September 15; and

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 24 (4) (a) [FLTCA, 2021, s. 155

(1) (b)]:

The Licensee shall prepare, submit, and implement a plan to ensure that air ducts in the affected residents rooms are operational and in good working order.

The plan shall include but is not limited to:
- A written plan and timeline to identify and repair the cause of any blockage in the air vents in eight resident rooms.
- The plan shall also ensure that the air temperature is monitored one time daily between 12 p.m. and 5 p.m. in all resident rooms where the air conditioning is not operational and in good working order between May 15 and September 15.

Please submit the written plan for achieving compliance for Inspection #2025-1413-0004 by August 6, 2025.

Please ensure that the submitted written plan does not contain any Personal Information (PI)/Personal Health Information (PHI).

This plan shall be implemented by the compliance due date: September 17, 2025.

Grounds

The licensee has failed to ensure that the air temperature was monitored one time daily between 12 p.m. and 5 p.m. in eight resident rooms when the air conditioning was not operational and in good working order for 13 days.

On a specified date, the home became aware that the air conditioning was not operational and in good working order as a result of blocked air vents. The ESM began conducting daily manual air temperature monitoring in two of the eight affected resident rooms.

Observations on two dates indicated that the air vents in eight resident rooms did not have air flow.

A resident who resided in one of the affected rooms, experienced increased medical symptoms and decreased quality of life during this time as a result of increased air temperature in their room.

Failure to monitor air temperature is an impediment in identifying residents for whom heat related interventions may be required.

Sources: Observation of eight resident bedrooms; review of manual temperature logs; review of resident's clinical records; interviews with resident and staff.

This order must be complied with by September 17, 2025

NOTICE OF RE-INSPECTION FEE

Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021,the licensee is subject to a re-inspection fee of $500.00 to be paid within 30 days from the date of the invoice.
A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.
Second Follow Up for CO #002 from 2024-1413-0004

Licensees must not pay a Re-Inspection Fee from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the

Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the Re-Inspection Fee.

REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director’s review decision, issued under section 169 of the Act, with respect to an inspector’s compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.