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

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: June 17, 2025

Inspection Number: 2025-1710-0004

Inspection Type:
Complaint
Critical Incident
Follow up

Licensee: Lakeridge Health

Long Term Care Home and City: Lakeridge Gardens, Ajax

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 2-6 ,9-11, 13, 16, 2025

The following intake(s) were inspected:

- Follow-up #: 3 -Compliance Order (CO) #004 /2024-1710-0004 related to O. Reg. 246/22, s. 140 (2), Administration of drugs Compliance Due Date (CDD) May 2, 2025.
- Follow-up # 1: CO #002, 2025-1710-0002, O. Reg. 246/22 - s. 60 (a), Behaviours and altercations, CDD: May 30, 2025
- Follow-up # 1: CO #001, 2025-1710-0002, O. Reg. 246/22 - s.55 (2) (b) (iv) with CDD: May 30, 2025
- Follow-up #: 1 - FLTCA, 2021 - s. 6 (7) CDD June 9, 2025
- Follow-up #: 1 - FLTCA, 2021 - s. 25 (1) CDD May 16, 2025.
- Intakes related to resident-to-resident altercations.
- An intake related to an outbreak.
- Intakes related to complaints of residents' care.
- Intakes related to alleged staff to resident abuse.
- An Intake related to improper care of a resident

- An Intake related to a fall.

The following intakes were completed in this inspection:
An Intake related to a resident-to-resident altercation and intakes related to complaints of residents' care.

This Public Report was modified to exclude the Inspectors' number, Personal Health Information, and Personal information.

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1710-0002 related to O. Reg. 246/22, s. 55 (2) (b) (iv)
Order #001 from Inspection #2025-1710-0003 related to FLTCA, 2021, s. 6 (7)
Order #002 from Inspection #2025-1710-0002 related to O. Reg. 246/22, s. 60 (a)
Order #002 from Inspection #2025-1710-0003 related to FLTCA, 2021, s. 25 (1)
Order #004 from Inspection #2024-1710-0004 related to O. Reg. 246/22, s. 140 (2)

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Medication Management
Infection Prevention and Control
Responsive Behaviours
Prevention of Abuse and Neglect

Falls Prevention and Management
Restraints/Personal Assistance Services Devices (PASD) Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (5)
Plan of care
s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

The licensee has failed to ensure that resident's Substitute Decision Maker (SDM) was given the opportunity to participate in the resident's plan of care. Staff confirmed the SDM was not called by staff and given the opportunity to participate in the plan of care when the resident was resistive to staff providing them personal care.

Sources: Progress notes, interview with staff.

WRITTEN NOTIFICATION: Documentation

NC #002 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 failed to ensure that the provision of the care set out in the care plan was documented when the treatment cream for a resident was not administered on two dates.

Sources: Resident's clinical records, interviews with staff.

WRITTEN NOTIFICATION: When reassessment, revision is required

NC #003 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 failed to ensure that the care plan for a resident was up to date and reflected the resident's continence care needs.

Sources: Interviews with staff, resident's clinical documents.

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (12)
Plan of care
s. 6 (12) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an explanation of the plan of care.

The licensee failed to ensure that a resident and the resident's substitute decision maker were given an explanation of the plan of care.
The resident experienced a change in health status, and the home initiated a plan to address the resident's health issue. Due to delayed notification, the plan that was initiated for the resident was not explained to the SDM.

Staff members confirmed that the home should have informed the SDM about the resident's changes in health status, including an explanation of the plan.
Sources: CIs (Critical Incident), resident's clinical records, investigation notes, interview with staff

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #005 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 incident of alleged physical abuse of a staff to a resident was immediately reported to the Director.

Sources: Review of the home's internal investigation documents, Interviews with staff.

WRITTEN NOTIFICATION: Minimizing of Restraining

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 33 (1) (b)
Policy to minimize restraining of residents, etc.
s. 33 (1) Every licensee of a long-term care home,
(b) shall ensure that the policy is complied with.

The licensee has failed to ensure that the Minimizing Restraint Program-Policy and Procedures were complied with. Staff members confirmed that the policy was not complied with when a physical device was applied to the resident as a Emergency situation on a specified date, and after the staff wrote an order for the same physical device on a specified date.

Sources: Minimizing of Restraint Program-Policy and Procedures, interviews with staff

WRITTEN NOTIFICATION: Minimizing of Restraining

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 35 (2) 1.
Restraining by physical devices
s. 35 (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:

1. There is a significant risk that the resident or another person would suffer serious bodily harm if the resident were not restrained.

The licensee has failed to ensure the restraining of a resident was only included in the plan of care if there was a significant risk to the resident or another person would suffer serious bodily harm if the resident were not restrained. Staff ordered an emergency physical device, as needed for extreme agitation. Two days prior the documentation indicated that staff had applied the same physical device as an emergency restraint to complete care. The documentation indicated that the resident and staff were at risk of serious bodily harm when the physical device was applied to the resident as an emergency restraint.

Sources: Resident clinical records.

WRITTEN NOTIFICATION: Minimizing of Restraining

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 35 (2) 5.
Restraining by physical devices
s. 35 (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:
5. The restraining of the resident has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent.

The licensee has failed to ensure that restraining a resident by a physical device was consented to by the resident's SDM. On specified date, staff ordered for use of a physical device as emergency restraint as needed, for extreme agitation during a specified care. The residents clinical records did not indicate that the SDM consented to the use of the restraint for care. Staff members confirmed there was

no consent from the SDM for the use of the physical device that was ordered.

Sources: Minimizing of Restraints Program- Policy and Procedure, prescriber order sheet for resident, clinical records, and interviews with staff.

WRITTEN NOTIFICATION: Required Programs

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.
Required programs
s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee has failed to comply with the home's falls prevention and management program. In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to ensure that written policies developed for the falls prevention and management program were complied with.

Specifically, the home's Falls Prevention and Management Program was not followed when a resident fell. Record review and confirmation from staff indicated that the Falls Prevention and Management Policy was not followed when specified assessments were incomplete.

Sources: CI, Falls Prevention and Management Policy and Procedure, clinical records, interviews with staff.

WRITTEN NOTIFICATION: Responsive Behaviours

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee has failed to ensure that actions were taken to respond to the needs of resident, including assessments. A Dementia Observation System (DOS) was implemented after a resident wandered into a co-resident's room, and the co-resident responded with physical expression. Record review and confirmation from the staff indicated the DOS was incomplete during the monitoring period.

Sources: CI, Dementia, Depression and Delirium – Policy and Procedures, interview with staff.

WRITTEN NOTIFICATION: Altercations and other interactions between residents

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 59 (b)
Altercations and other interactions between residents
s. 59. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,
(b) identifying and implementing interventions.

The licensee failed to ensure that interventions were implemented to minimize the risk of altercations between two residents, when the residents had two altercations on the same day, resulting in an injury to both residents involved.

Sources: interview with staff, CI, clinical records

WRITTEN NOTIFICATION: Behaviours and altercations

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 60 (a)
Behaviours and altercations
s. 60. Every licensee of a long-term care home shall ensure that,
(a) procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents; and

The licensee has failed to ensure that interventions and procedures were developed minimize the risk of altercations between two residents. On a specified date, one resident was verbally expressive towards the other resident. Review of the resident's clinical records and confirmation from the staff indicated no new interventions were put in place by staff to prevent further altercations between the residents. The next day, the two residents had a physical altercation, which resulted in an injury to one resident.

Sources: CI, Clinical records, interview with staff.

COMPLIANCE ORDER CO #001 Protection from certain restraining

NC #013 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 34 (1) 1.
Protection from certain restraining
s. 34 (1) Every licensee of a long-term care home shall ensure that no resident of the home is:
1. Restrained, in any way, for the convenience of the licensee or staff.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:

1. The Director of Care (DOC) or designate will provide education to all registered staff, and PSW staff that were working on specified date and home area, the education will also include the specified staff members. The education will include the home's Minimizing of Restraints Program – Policy and Procedures and the legislation Minimizing of Restraining. Keep a documented record of who provided the education, the content of the education provided, the date and signatures of the staff educated.

2. The NP, the DOC, the RCM lead for specified home area, the BSO lead and the RPN will review the recommendations made from specified facility regarding resident's personal care, upon their return. Once the recommendations are reviewed the above team members will update the residents plan of care for providing safe personal care to the resident and update the SDM. Keep a documented record of who participated in the updated plan of care and the content.

Grounds

The licensee has failed to ensure that a resident was not restrained in any way, for convenience of the staff.

Restraining by physical device under common law duty under FLTCA, 2021, s. 39 (1), states a caregiver may restrain or confine a person when immediate action is necessary to prevent serious bodily harm to the person or to others.

Resident's clinical record indicated that the resident had a specified diagnosis and was resistive to the staff providing them care in washroom. Staff member consulted with another staff member regarding a physical device to get the residents care completed and they agreed that this would be an emergency to provide the personal care. The resident was resistive and physically expressive towards staff while being showered in the specified device. Specified number of staff were present during the shower due to the resident's physical expression and due to the risk level to support the resident safely.

Staff confirmed the resident was not at risk of serious bodily harm to themselves or others until the resident was in the shower room and staff restrained them in the shower chair with the physical device. They agreed that not all interventions had been tried as per the plan of care to prior to showering the resident in the physical device. As a result of the resident being showered in the shower chair using the physical device, the staff reported that the resident was distressed.

There was an increased impact to the resident and risk when staff restrained the resident to provide care , this posed a serious risk of physical and emotional harm to the resident.

Sources: Zero Tolerance of Resident Abuse and Neglect – Policy and Procedures, Dementia, Depression, and Delirium-Policy and Procedure, Minimizing of restraints program-policy and procedures, resident's clinical records, email

correspondence with revive representative, interview with a staff member.

This order must be complied with by September 12, 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.
Follow-up #: 3 -CO #004 /2024-1710-0004 related to O. Reg. 246/22, s. 140 (2), Administration of drugs CDD: Oct 4, 2024. Due May 2, 2025 RIF $500

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
151 Bloor Street West, 9th Floor

Toronto, ON, M5S 1S4

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.