

**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:** April 1, 2025

**Inspection Number:** 2025-1197-0002

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** Jarlette Ltd.

**Long Term Care Home and City:** Temiskaming Lodge, Temiskaming Shores

## INSPECTION SUMMARY

The inspection occurred onsite from March 24-28, 2025.

-One Proactive Compliance Inspection (PCI) Intake was inspected.

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

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

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Doors in a home

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

**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 has failed to ensure that all doors leading to non-residential areas were closed and locked when not supervised by staff. Specifically, this included doors to two areas that contained potentially harmful substances in unlocked cupboards.

Sources: Inspector observations, review of the licensee's policy titled "LTC Door Lock & Rekeying", February 22, 2023; and interviews with the DOC and other staff.

### WRITTEN NOTIFICATION: Air temperature

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

**Non-compliance with: O. Reg. 246/22, s. 24 (1)**

Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The licensee has failed to ensure that the home was maintained at a minimum

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temperature of 22 degrees Celsius on multiple days during the review period. Additionally, for a number of the instances of lower temperatures, there was no documentation of any actions taken in response to the them.

Sources: Air Temperature Logs for all resident home areas, the licensee's policy titled "LTC Air Quality and Recording, 2024-05-01; and an interview with Co-Environmental Services Manager.

### **WRITTEN NOTIFICATION: Air temperature**

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

**Non-compliance with: O. Reg. 246/22, s. 24 (3)**

Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee has failed to ensure that the temperatures required to be measured in subsection (2) were documented in four resident home areas (RHAs) during the review period.

Sources: LTC Air Quality Recording/Air Temperature Forms for all RHAs, the licensee's policy titled "LTC Air Quality and Recording", 2024-05-01 and an interview with Co-Environmental Services Manager.

### **WRITTEN NOTIFICATION: Pain management**

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

**Non-compliance with: O. Reg. 246/22, s. 57 (1) 2.**

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the

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following:

2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.

The licensee has failed to ensure that, in accordance with Ontario Regulation 246/22, s. 11 (1) (b), registered staff completed pain assessments for a resident for pain related to a change in their medical condition during multiple instances as required in the home's pain management program.

Sources: A resident's electronic health record, the licensee's policy titled, "LTC Pain Management-Program", last revised March 11, 2025, and an interview with a Co-DOC and other staff.

## **WRITTEN NOTIFICATION: Housekeeping**

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (i)**

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

The licensee has failed to ensure that a Personal Support Worker implemented the cleaning/disinfection procedure in accordance with prevailing practices, when they did not clean/disinfect visibly equipment after it was used to assist a resident.

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Sources: Inspector observations, the home's policy titled "LTC Cleaning and Disinfection of Resident Care Equipment" last revised August 16, 2024, interviews with the Infection Prevention and Control (IPAC) Lead and other staff.

**WRITTEN NOTIFICATION: Infection prevention and control program**

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that two PSWs implemented the IPAC Standard issued by the Director when they did not perform hand hygiene as they touched and moved between multiple resident bedrooms.

Sources: Inspector observations, the IPAC Standard for Long-Term Care Homes April 2022, last revised September 2023, the home's policy titled "Hand Hygiene Program" last revised May 23, 2024, interviews with the IPAC Lead and other staff.

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