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

North District
159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Public Report

Report Issue Date: June 3, 2025
Inspection Number: 2025-1197-0003
Inspection Type: Critical Incident
Licensee: Jarlette Ltd.
Long Term Care Home and City: Temiskaming Lodge, Temiskaming Shores

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 26-30, 2025

The following intake(s) were inspected:

- One intake related to Improper/incompetent care of resident
- One intake related to an allegation of resident to resident abuse
- Two intakes related to a fall resulting in injury

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

Resident Care and Support Services
Responsive Behaviours
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Compliance with manufacturers' instructions

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 26
Compliance with manufacturers' instructions
s. 26. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.

The licensee failed to ensure that the equipment was used according to manufacturers instructions when a resident was left unattended in the equipment following care provision. The resident had an incident related to the use of this equipment.

Sources: Interview with Executive Director, manufacturer instructions for use, Long-Term Care Homes (LTCH) investigation notes

WRITTEN NOTIFICATION: Falls prevention and Management

NC #002 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 which puts the resident at an increased risk for falls.

A resident sustained a fall which resulted in an injury, which changed the resident's health status and their risk for falls. The resident's health care records identified that the last fall risk assessment had been completed prior to the fall.

Sources: Review of the Critical Incident(CI) report; The home's policies titled "Falls prevention & Management Program", last revised August, 2024; resident's health record including last fall risk assessment; and an Interview with the Director of Care (DOC).

WRITTEN NOTIFICATION: Falls prevention and Management

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 54 (2)
Falls prevention and management
s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The licensee has failed to ensure that when a resident fell, a Head Injury Routine (HIR) was conducted as part of the post-fall assessment.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee who was required to have a falls prevention and management program, failed to ensure this program was complied with.

A resident had an unwitnessed fall and sustained injuries. A review of the progress notes indicated that the post fall assessment was completed but this did not include a HIR (Head Injury Routine).

Sources: Review of the CI report; The home's policies titled "Falls prevention & Management", last revised May 31, 2024; resident's health record and an Interview with the DOC.

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