

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection en vertu
de la Loi de 2007 sur les
foyers de soins de longue
durée**

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

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159, rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Amended Public Copy/Copie modifiée du rapport public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Feb 03, 2021	2020_565647_0020 (A1)	012922-20, 012923-20	Follow up

Licensee/Titulaire de permis

Lakeland Long Term Care Services Corporation
6 Albert Street Parry Sound ON P2A 3A4

Long-Term Care Home/Foyer de soins de longue durée

Lakeland Long Term Care Services
6 Albert Street Parry Sound ON P2A 3A4

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

Amended by JENNIFER BROWN (647) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

This licensee inspection report has been revised to reflect a change in the compliance due date to February 19, 2021 as per the licensee's request. The Follow-Up inspection, Inspection #2020_565647_0020 was completed on October 29, 2020.

A copy of the revised report is attached.

Issued on this 3 rd day of February, 2021 (A1)

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.

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Long-Term Care Home/Foyer de soins de longue durée

Lakeland Long Term Care Services
6 Albert Street Parry Sound ON P2A 3A4

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

Amended by JENNIFER BROWN (647) - (A1)

Amended Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): October 19 - 23 and 26 - 29, 2020.

The following intakes were completed in this Follow Up inspection:

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-one intake related to CO #001 from Inspection Report #2020_565647_0006, O. Reg. 79/10, s. 36, specific to ensuring that staff use safe transferring and positioning devices or techniques when assisting residents,

-one intake related to CO #002 from Inspection Report #2020_565647_0006, O. Reg. 79/10, s. 49. (2), specific to ensuring that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls, and

A Written Notification and Compliance Order related to O. Reg. 79/10, s. 36 was identified in a concurrent inspection #2020_565647_0019 (two intakes) and issued in this report.

Critical Incident System (CIS) inspection 2020_565647_0019 and Complaint inspections 2020_565647_0018 and 2020_565647_0021 were completed concurrently with this Follow Up inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Administrative Assistant (AA), Physician (MD), Restorative Care Coordinator (RCC), Registered Dietitian (RD), Physiotherapist (PT), Nursing Support Assistant, Nurse Manager (NM), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Dietary Aides, Housekeepers, and residents.

During the course of the inspection, the Inspector(s) also conducted a daily tour of the resident care areas, observed resident transfers, observed medication

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administration, observed dining and snack service, observed staff to resident interactions, resident to resident interactions, and the provisions of care, reviewed internal documents, and policies and procedures.

Ad-hoc notes were used during this inspection.

During the course of the original inspection, Non-Compliances were issued.

- 1 WN(s)
- 0 VPC(s)
- 1 CO(s)
- 0 DR(s)
- 0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 49. (2)	CO #002	2020_565647_0006	647

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.)</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Findings/Faits saillants :

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1. The licensee has failed to ensure that staff used safe transferring and positioning techniques with an assisted device when staff assisted a resident; and safe transferring techniques, specific to using two staff when they assisted another resident.

Compliance order #001 related to O. Reg. 79/10, s. 36 from inspection 2020_565647_0006 issued on July 30, 2020, with a compliance due date of August 31, 2020 is being re-issued as follows:

a) The Physiotherapist (PT) assessed a resident to require an assisted device that could be used for an activity of daily living (ADL).

A Registered Practical Nurse (RPN) provided Personal Support Workers (PSWs) with the assisted device.

During the ADL, two PSWs indicated that they immediately knew the assisted device was not the appropriate style to meet the residents needs however, continued with the assistance using the incorrect assisted device which resulted in an injury.

b) A second resident's care plan indicated that two staff were to assist the resident with a specific ADL. During an interview with a Dietary Aide (DA), they verified that they witnessed a PSW assisting the resident alone.

In an interview with the Director of Care (DOC), they verified that the PSW had improperly performed the ADL, thus, putting the resident at risk for falls.

Sources: CIS reports, resident observations, an assisted device guide, progress notes, plan of care, Minimum Data Set (MDS) assessments, and interviews with the DOC, Dietary Aide, RPN, PSW and other staff. [s. 36.]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the “Order(s) of the Inspector”.

**(A1)
The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été
modifiés: CO# 001**

Issued on this 3 rd day of February, 2021 (A1)

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Long-Term Care Operations Division
Long-Term Care Inspections Branch
Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée

Amended Public Copy/Copie modifiée du rapport public

**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** Amended by JENNIFER BROWN (647) - (A1)

**Inspection No. /
No de l'inspection :** 2020_565647_0020 (A1)

**Appeal/Dir# /
Appel/Dir#:**

**Log No. /
No de registre :** 012922-20, 012923-20 (A1)

**Type of Inspection /
Genre d'inspection :** Follow up

**Report Date(s) /
Date(s) du Rapport :** Feb 03, 2021(A1)

**Licensee /
Titulaire de permis :** Lakeland Long Term Care Services Corporation
6 Albert Street, Parry Sound, ON, P2A-3A4

**LTC Home /
Foyer de SLD :** Lakeland Long Term Care Services
6 Albert Street, Parry Sound, ON, P2A-3A4

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** Steve White

To Lakeland Long Term Care Services Corporation, you are hereby required to
comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # /

No d'ordre: 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /

Lien vers ordre existant:

2020_565647_0006, CO #001;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Order / Ordre :

The licensee must comply with s. 36 of O. Reg. 79/10.

Specifically, the licensee must:

- 1) Ensure that staff use safe transferring and positioning devices or techniques when assisting residents.
- 2) Provide 1:1 hands-on training for all staff involved in transferring and positioning residents using an assisted device. This 1:1 training shall include, but not limited to, selection, correct use, and a demonstration of the entire transfer process.
- 3) The licensee will maintain a record of the 1:1 hands-on training provided to staff, including the date of the demonstration, who facilitated the demonstration, and a record of attendance. This documentation will be provided to an Inspector when requested.
- 4) Complete weekly audits, on various shifts and units for a minimum of three weeks to ensure that staff are using safe transferring and positioning devices or techniques, specifically related to the assisted device. This process shall be documented to include: the date and time of the audit, the result of the audit and any actions taken to rectify concerns identified from the audit. Conduct and document the audit's until no further concerns are identified in the audits, for a two week period.

Grounds / Motifs :

1. The licensee has failed to ensure that staff used safe transferring and positioning techniques with an assisted device when staff assisted a resident; and safe

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transferring techniques, specific to using two staff when they assisted another resident.

Compliance order #001 related to O. Reg. 79/10, s. 36 from inspection 2020_565647_0006 issued on July 30, 2020, with a compliance due date of August 31, 2020 is being re-issued as follows:

a) The Physiotherapist (PT) assessed a resident to require an assisted device that could be used for an activity of daily living (ADL).

A Registered Practical Nurse (RPN) provided Personal Support Workers (PSWs) with the assisted device.

During the ADL, two PSWs indicated that they immediately knew the assisted device was not the appropriate style to meet the residents needs however, continued with the assistance using the incorrect assisted device which resulted in an injury.

b) A second resident's care plan indicated that two staff were to assist the resident with a specific ADL. During an interview with a Dietary Aide (DA), they verified that they witnessed a PSW assisting the resident alone.

In an interview with the Director of Care (DOC), they verified that the PSW had improperly performed the ADL, thus, putting the resident at risk for falls.

An order was made by taking the following factors into account:

Severity: The resident was transferred by using an incorrect style of assisted device resulting in an injury.

Scope: The scope of this non-compliance was a pattern because staff did not use safe transferring or positioning devices or techniques when they assisted two out of three residents reviewed during this inspection.

Compliance History: The licensee continues to be in non-compliance with O. Reg. 79/10, s. 36, resulting in a compliance order (CO) being re-issued. CO #001 was issued on July 30, 2020 (inspection # 2020_565647_0006) with a compliance due date of August 31, 2020. In the past 36 months, four other COs were issued to

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Ordre(s) de l'inspecteur

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

different sections of the legislation, all of which have been complied.

Sources: CIS reports, resident observations, an assisted device guide, progress notes, plan of care, Minimum Data Set (MDS) assessments, and interviews with the DOC, Dietary Aide, RPN, PSW and other staff. (647)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Feb 19, 2021(A1)

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
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2007, c. 8

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2007, chap. 8

REVIEW/APPEAL INFORMATION**TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
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
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

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

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Pursuant to section 153 and/or
section 154 of the *Long-Term
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2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 3 rd day of February, 2021 (A1)

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :**

Amended by JENNIFER BROWN (647) - (A1)

Order(s) of the Inspector

Pursuant to section 153 and/or
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Care Homes Act, 2007*, S.O.
2007, c. 8

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Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

**Service Area Office /
Bureau régional de services :**

Sudbury Service Area Office