

**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**

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**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Sep 9, 2021	2021_907692_0002	010688-21, 010738-21	Complaint

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**Licensee/Titulaire de permis**

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

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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

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

SHANNON RUSSELL (692), AMANDA BELANGER (736)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): August 23-27, 2021.**

**The following intake was inspected upon during this Complaint inspection:**

**-One log, which resulted from a complaint that had been submitted to the Director related to an allegation of resident abuse.**

**A Critical Incident System (CIS) intake related to the same concerns (an allegation of resident abuse) was completed during this Complaint inspection.**

**A CIS inspection #2021\_907692\_0003 was conducted concurrently with this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Associate Director of Care (ADOC), Infection Prevention and Control (IPAC) Specialist, Housekeepers, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and residents.**

**The Inspector(s) also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed staff to resident and resident to resident interactions, observed infection control practices, reviewed air temperatures, reviewed relevant health care records, internal investigation notes, as well as licensee policies, procedures and programs.**

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

**Infection Prevention and Control**

**Nutrition and Hydration**

**Prevention of Abuse, Neglect and Retaliation**

**Safe and Secure Home**

**Sufficient Staffing**

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

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

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<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>

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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 47. Qualifications of personal support workers****Specifically failed to comply with the following:**

**s. 47. (1) Every licensee of a long-term care home shall ensure that on and after January 1, 2016, every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title,**

**(a) has successfully completed a personal support worker program that meets the requirements in subsection (2); and**

**(b) has provided the licensee with proof of graduation issued by the education provider. O. Reg. 399/15, s. 1.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a staff member, who had been hired as a Personal Support Worker (PSW), had successfully completed a PSW program that met the requirements, and had provided proof of graduation issued by the education provider.

A review of a staff member's personnel file, that had been hired three years previously, failed to identify a PSW certificate indicating that they had completed an approved PSW program. A review of a letter addressed to the staff member, indicated that they had not met the qualifications of a PSW; therefore, their employment had been immediately ceased from the Long-Term Care home (LTCH).

During separate interviews with the Director of Care (DOC) and the Administrator, they both indicated that during a review of the staff member's personnel file it was discovered that they had not provided proof of the qualifications to work as a PSW.

Sources: A staff member's personnel file; the home's internal investigation notes; the home's policy, titled "Personal Support Worker"; and interviews with the DOC and Administrator. [s. 47. (1)]

**Issued on this 15th day of September, 2021**

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

**Original report signed by the inspector.**