

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: August 15, 2025

Inspection Number: 2025-1012-0004

Inspection Type:

Complaint
Critical Incident

Licensee: Vigour Limited Partnership on behalf of Vigour General Partner Inc.

Long Term Care Home and City: Glen Rouge Community, Scarborough

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 6-7, 11-14, 2025

The following intake(s) were inspected:

- An intake related to a complaint about responsive behaviours and maintenance services
- An intake related to a missing resident

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

Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Responsive Behaviours
Reporting and Complaints

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Specific duties re cleanliness and repair

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

Non-compliance with: FLTCA, 2021, s. 19 (2) (a)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,

(a) the home, furnishings and equipment are kept clean and sanitary;

The licensee failed to ensure that the home's furnishing including the sink in a resident's room, which had exposed, broken compressed wood was kept clean and sanitary.

During multiple observations, follow-up to a complaint received by the Director, the edge of the sink in a resident's room was noted to have broken compressed wood, hence creating a porous surface which could not have been cleaned and sanitized effectively. The home's Director of Environmental Services (DES) confirmed the same and stated they would take action to repair the sink.

Sources: Observations, interview with DES

WRITTEN NOTIFICATION: Specific duties re cleanliness and repair

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

Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

Accommodation services

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s. 19 (2) Every licensee of a long-term care home shall ensure that,
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee failed to ensure that the home's furnishing, including the sink in a resident's room was repaired.

A complaint received by the Director indicated that the sink had broken sharp edges to its side. During multiple observations in this inspection, the sink was in a similar state, hence posing safety risk. The DES confirmed they would follow-up immediately to have the sink repaired.

Sources: Observations, interview with the DES.

WRITTEN NOTIFICATION: Policies, etc., to be followed, and records

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

Non-compliance with: O. Reg. 246/22, s. 11 (1) (b)

Policies, etc., to be followed, and records

s. 11 (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system,
(b) is complied with.

The licensee failed to ensure the home's policy related to Code Yellow (Missing Resident) was complied with.

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In accordance with O. Reg. 246/22, s. 268 (4) 1. viii, the home is required to have an emergency plan in place related to dealing with situations involving a missing resident.

A resident did not return from their previously agreed-upon Leave of absence (LOA) on a specific date and time. The home started to search for the resident approximately six hours after they went missing and did not initiate the Code Yellow (missing resident) emergency plan.

Sources: A Critical Incident Report (CIR), the home's emergency plan policy titled "Code Yellow-Missing Resident", and interview with the Executive Director (ED)

WRITTEN NOTIFICATION: Air conditioning requirements

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

Non-compliance with: O. Reg. 246/22, s. 23.1 (2) (b)

Air conditioning requirements

s. 23.1 (2) In addition to the time period referred to in subsection (1), the licensee shall ensure that air conditioning is installed, operational and in good working order in each of the areas described in that subsection,

(b) any time the temperature in an area in the home measured by the licensee in accordance with subsections 24 (2) and (3) reaches 26 degrees Celsius or above, for the remainder of the day and the following day. O. Reg. 66/23, s. 4.

The licensee failed to ensure air conditioning was installed and operational in resident rooms, common areas, and cooling areas when the temperature in those areas measured by the licensee reached 26 degrees Celsius or above, for the remainder of the day and the following day.

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A complaint received by the Director indicated a specific resident's room felt to be hot on certain days in the month of April, 2025. The home's air temperature logs for the month of April, 2025, indicated various indoor areas including resident rooms, common areas, and cooling areas were having temperatures higher than 26 degrees Celsius for several consecutive days. The DES confirmed that no Air Conditioning (AC) units were installed in the month of April 2025.

Sources: Air temperature logs for the month of April, 2025, interview with DES.

WRITTEN NOTIFICATION: Cooling requirements

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

Non-compliance with: O. Reg. 246/22, s. 23 (4) (b)

Cooling requirements

s. 23 (4) The heat related illness prevention and management plan for the home shall be implemented by the licensee every year during the period from May 15 to September 15 and it shall also be implemented,

(b) anytime the temperature in an area in the home measured by the licensee in accordance with subsections 24 (2), (3) and (4) reaches 26 degrees Celsius or above, for the remainder of the day and the following day. O. Reg. 246/22, s. 23 (4).

The licensee failed to ensure the heat related illness prevention and management plan for the home was implemented when indoor temperatures in various locations of the home recorded above 26 degrees Celsius in the month of April, 2025.

The DES was unable to provide documentation as to what follow-up actions were taken to mitigate the high indoor temperatures when they received alerts via the home's automated temperature monitoring system (Blue Rover) for several days in the month of April, 2025.

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Sources: Complaint received by the Director, Air Temperature Logs for the month of April, 2025, the home's protocol titled "Heat Contingency Response Protocols (ON)", and interview with the DES.

WRITTEN NOTIFICATION: Dealing with complaints

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

Non-compliance with: O. Reg. 246/22, s. 108 (2) (c)

Dealing with complaints

s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;

The licensee failed to keep a documented record that included the type of action taken to resolve a complaint, including the date of action and any follow-up action required, when they received a verbal complaint about the operation of the home.

Review of the home's complaint record related to concerns expressed by a resident's family member, indicated no detailed record of actions taken regarding the sink in the resident's room as well as hot air temperature. The home was not able to provide records regarding an exact temperature of the room or maintenance log information regarding the sink. No records were provided to the Inspector regarding any follow-up actions when the family member was still complaining about the room temperature.

Sources: Complaint to the Director, complaint record form dated April 15, 2025 related to the resident, interviews with the DES and the Director of Care (DOC).

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WRITTEN NOTIFICATION: Reports re critical incidents

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 115 (1) 3.

Reports re critical incidents

s. 115 (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (5):

3. A resident who is missing for three hours or more.

The licensee failed to inform the Director immediately in as much detail as possible following a resident missing for more than three hours.

The resident left the home on a previously agreed upon LOA on a specific date and was supposed to return within seven hours on the same day. The resident returned to the home approximately twelve hours after their estimated return time and was not reachable during this time. The home did not inform the Director immediately.

Sources: A CIR, the resident's clinical records, and interview with the home's ED

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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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