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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Public Report

Report Issue Date: April 7, 2025
Inspection Number: 2025-1309-0002
Inspection Type: Other Complaint Critical Incident
Licensee: Baycrest Hospital
Long Term Care Home and City: The Jewish Home for the Aged, North York

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 25, 26, 27, 28, 31, 2025 and April 1, 2, 3, 4, 7, 2025

The following intake(s) were inspected in this Critical Incident (CI) inspection:

- Intake: #00133962 [CI #2824-000196-24]- related to improper care of a resident
- Intake: #00134750 [CI #2824-000199-24]- related to improper care of a resident
- Intake: #00136683 [CI #2824-000005-25]- related to an outbreak
- Intake: #00139613 – related to outstanding emergency planning annual attestation
- Intake: #00142261 [CI #2824-000028-25] – related to falls prevention and management
- Intake: #00142707 [CI #2824-000030-25] – related to improper care of a resident

The following intakes were completed:

- Intake: #00137115 [CI #2824-000009-25], Intake: #00137703 [CI #2824-000011-25] and Intake: #00138273 [CI #2824-000015-25] were related to an outbreak
- Intake: #00137057 [CI #2824-000008-25], Intake: #00137767 [CI #2824-000012-25] and Intake: [CI #2824-000016-25] were related to falls prevention and management

The following complaint was inspected:

- Intake: #00143445 -related to concerns regarding medication management

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

Resident Care and Support Services
Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (5)
Plan of care
s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or

substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

The licensee has failed to ensure that a resident was given the opportunity to participate fully in the development and implementation of their plan of care when a prescribed medication given as needed to the resident was discontinued, without the resident being notified.

Sources: Resident's clinical records; and interviews with Physician and other staff.

WRITTEN NOTIFICATION: Reports re Critical Incidents

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 115 (1) 5.
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):
5. An outbreak of a disease of public health significance or communicable disease as defined in the Health Protection and Promotion Act.

The licensee has failed to ensure that an outbreak of a disease of public health significance was immediately reported to the Director.

On January 8, 2025, at 1500 hours the home declared an outbreak. The Infection Control Practitioner confirmed that the critical incident report was not submitted to the Director until January 9, 2025, at 0828 hours.

Source: CIS 2824-000005-25; and interview with Infection Control Practitioner.

WRITTEN NOTIFICATION: Attestation

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 270 (3)
Attestation
s. 270 (3) The licensee shall ensure that the attestation is submitted annually to the Director.

The licensee failed to ensure that the emergency planning attestation form was submitted annually to the Director by December 31, 2024. The Administrator confirmed that they did not submit the emergency planning attestation form to the Director by the due date.

Sources: Interview with Administrator.