

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: June 12, 2025

Inspection Number: 2025-1309-0003

Inspection Type:

Proactive Compliance Inspection

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): May 26-30, 2025 and June 3-6, 9-12, 2025

The inspection occurred offsite on the following date(s): June 9, 2025

The following intake was inspected:

- Intake: #00147673 - Proactive Compliance Inspection (PCI)

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Medication Management
Food, Nutrition and Hydration
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Quality Improvement
Residents' Rights and Choices

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Pain Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.

Posting of information

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:

10. The current version of the visitor policy made under section 267.

The licensee has failed to ensure that the current version of the visitor policy was posted in the home and communicated to residents.

The visitor policy was posted after the observation.

Sources: Observations, and interview with Administrative Secretary (AS).

Date Remedy Implemented: May 26, 2025

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that a resident's pressure relieving device was applied as specified in their plan during an observation.

Sources: Observations; resident's clinical records; and interviews with a Personal Support Worker (PSW) and a Registered Practical Nurse (RPN).

WRITTEN NOTIFICATION: Powers of Family Council

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

Non-compliance with: FLTCA, 2021, s. 66 (3)

Powers of Family Council

s. 66 (3) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing.

The licensee has failed to ensure when the Family Advisory Council (FAC) had advised the licensee, that the licensee provided a written response within 10 days of receiving the advice.

The FAC advised the Executive Director (ED) of two items on two different dates, but the home had not provided a written response within the required 10 days.

Sources: Review of the Family Council Meeting minutes; Family Council emails to the licensee; interviews with the FAC Co-chair and the ED.

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WRITTEN NOTIFICATION: Windows

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

Non-compliance with: O. Reg. 246/22, s. 19

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

The licensee has failed to ensure that a window in a resident's room that opens to the outdoors and was accessible to residents cannot be opened more than 15 centimetres. Observation with a Facilities Supervisor indicated that the window opening was 26 centimeters.

Source: Observations.

WRITTEN NOTIFICATION: Air Temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (3)

Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee has failed to ensure that the required temperature to be measured in at least two resident bedrooms in different parts of the home, and one resident common area on every floor of the home, was documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. Specifically, the home had not recorded any temperature for two different

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shifts on two specific dates, and for one shift on another specific date.

Sources: Home's air temperature records, and interview with a Facilities Supervisor.

WRITTEN NOTIFICATION: Skin and Wound Care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee has failed to ensure that a resident that exhibited two areas of altered skin integrity was reassessed at least weekly on a specified date.

Sources: A resident's clinical records, and interview with an RPN.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

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The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with. In accordance with Additional Requirement 9.1 (f) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023). An RPN did not remove Personal Protective Equipment (PPE) in the correct doffing sequence. The RPN removed their gown last instead of removing it immediately after their gloves when exiting the room of a resident on Droplet Contact Precautions (DCP) on an outbreak unit.

Sources: Resident's clinical records; interview with an RPN and an IPAC Lead.

**WRITTEN NOTIFICATION: Continuous Quality Improvement
Committee**

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 7.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

7. At least one employee of the licensee who is a member of the regular nursing staff of the home.

The licensee has failed to ensure that the Continuous Quality Improvement (CQI) committee was composed of an employee of the licensee who was a member of the regular nursing staff of the home.

Sources: Home's CQI Committee members list; and interviews with the Director of Quality and the ED.

WRITTEN NOTIFICATION: Continuous Quality Improvement

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Committee

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.

The licensee has failed to ensure the CQI committee included at least one employee of the licensee who had been hired as a PSW or who provided personal support services at the home.

Sources: Home's Quality Committee members list; and interviews with a PSW and ED.

WRITTEN NOTIFICATION: CMOH and MOH

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 272

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The license has failed to ensure that recommendations issued by the Chief Medical Officer of Health were followed. Specifically, the Ministry of Health's Recommendations for Outbreak Prevention and Control in Institutions and

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Congregate Living Settings, effective February 2025, was complied with.

i) The licensee has failed to ensure that the home's Alcohol-Based Hand Rubs (ABHR) must not be expired. A wall-mounted ABHR with an expiry date of March 2024 was observed on a specific floor.

Sources: Observation; Ministry of Health's Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, effective February 2025; interviews with a PSW and an IPAC Lead.

ii) The licensee has failed to ensure that the home followed manufacturer's instructions for use and cleaning products had not past their expiry date. The inspector observed an expiry date of November 2024, on a bottle of Diversey Crew used on that date.

Sources: Diversey Crew product label; Ministry of Health's Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, effective February 2025; interviews with a Housekeeper and Housekeeping Manager.