

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: July 29, 2025

Inspection Number: 2025-1309-0005

Inspection Type:

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): July 3-4, 7-11, 14-16, 22, 24, 25, 28, 29, 2025.

The following complaint intake(s) were inspected:

- Intake: #00148468 - Critical Incident (CI) 2824-000058-25 - related to multiple care concerns of residents.
- Intake: #00150556 - related to a resident's responsive behaviours.

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

Resident Care and Support Services
Staffing, Training and Care Standards

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Oral Care

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

Non-compliance with: O. Reg. 246/22, s. 38 (1) (a)

Oral care

s. 38 (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,
(a) mouth care in the morning and evening, including the cleaning of dentures;

The licensee has failed to ensure that a resident received oral care.

A resident's private caregiver found unclean dentures in the resident's mouth. As per the resident's progress notes, this was not the first occasion that their dentures were left in their mouth overnight. A Personal Support Worker (PSW) recalled providing care to the resident before they went to bed but could not recall removing the residents dentures. They acknowledged the risk for choking and poor impact on resident oral hygiene when evening mouth care was not provided.

Sources: Resident's clinical records; interview with a Substitute Decision Maker (SDM) and the home's staff.

WRITTEN NOTIFICATION: Availability of supplies

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

Non-compliance with: O. Reg. 246/22, s. 48

Availability of supplies

s. 48. Every licensee of a long-term care home shall ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents.

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The licensee has failed to ensure that supplies of linen and towels were readily available to meet the nursing and personal care need of residents on a specified home area, which was acknowledged by the home's staff.

Sources: Review of home's investigation notes; and interviews with the home's staff.

WRITTEN NOTIFICATION: Dealing with complaints

NC #003 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 has failed to ensure that a documented record was kept in the home of required components for complaint follow up. The specific complaint reviewed was signed by multiple residents regarding several care concerns on a specified unit.

In accordance with O. Reg 246/22 s. 11 (1) (b), every licensee of a long term care home shall ensure that the written procedures for dealing with complaints incorporate the requirements set out in section 108 of the regulations, and that these procedures are complied with.

As per the licensee's complaint policy, upon receipt of a written complaint, a manager or director will document details of the complaint using the internal

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complaint form. A Long Term Care (LTC) Manager acknowledged that the licensee did not follow this procedure, and did not document all actions taken to resolve the complaint, the date of the actions, time frames for actions to be taken and follow-up action required.

Sources: Complaint Policy, last reviewed July 2023; Complaint Investigation and Response Notes; interview with LTC Manager.

WRITTEN NOTIFICATION: Dealing with complaints

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

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

Dealing with complaints

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

(d) the final resolution, if any;

The licensee has failed to ensure that a documented record was kept in the home of required components for complaint follow up. The specific complaint reviewed was signed by multiple residents regarding several care concerns on a specified unit.

In accordance with O. Reg 246/22 s. 11 (1) (b), every licensee of a long term care home shall ensure that the written procedures for dealing with complaints incorporate the requirements set out in section 108 of the regulations, and that these procedures are complied with.

As per the licensee's complaint policy, upon receipt of a written complaint, a manager or director will document details of the complaint using the internal

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complaint form. A LTC Manager acknowledged that the licensee did not follow this procedure, and did not document the final resolution of a written complaint.

Sources: Complaint Policy, last reviewed July 2023; Complaint Investigation and Response Notes; interview with LTC Manager

WRITTEN NOTIFICATION: Dealing with complaints

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

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

Dealing with complaints

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

(e) every date on which any response was provided to the complainant and a description of the response; and

The licensee has failed to ensure that a documented record was kept in the home of required components for complaint follow up. The specific complaint reviewed was signed by multiple residents regarding several care concerns on a specified unit.

In accordance with O. Reg 246/22 s. 11 (1) (b), every licensee of a long term care home shall ensure that the written procedures for dealing with complaints incorporate the requirements set out in section 108 of the regulations, and that these procedures are complied with.

As per the licensee's complaint policy, upon receipt of a written complaint, a manager or director will document details of the complaint using the internal complaint form. A LTC Manager acknowledged that the licensee did not follow this

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procedure, and did not document every date on which a response was provided to the complainant or a description of the response.

Sources: Complaint Policy, last reviewed July 2023; Complaint Investigation and Response Notes; interview with LTC Manager.

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) (f)

Dealing with complaints

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

(f) any response made in turn by the complainant.

The licensee has failed to ensure that a documented record was kept in the home of required components for complaint follow up. The specific complaint reviewed was signed by multiple residents regarding several care concerns on a specified unit.

In accordance with O. Reg 246/22 s. 11 (1) (b), every licensee of a long term care home shall ensure that the written procedures for dealing with complaints incorporate the requirements set out in section 108 of the regulations, and that these procedures are complied with.

As per the licensee's complaint policy, upon receipt of a written complaint, a manager or director will document details of the complaint using the internal complaint form. A LTC Manager acknowledged that the licensee did not follow this procedure, and did not document any responses made in turn by the complainant.

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Sources: Complaint Policy, last reviewed July 2023; Complaint Investigation and Response Notes; interview with LTC Manager.

COMPLIANCE ORDER CO #001 Nursing and personal support services

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 11 (1) (b)

Nursing and personal support services

s. 11 (1) Every licensee of a long-term care home shall ensure that there is,
(b) an organized program of personal support services for the home to meet the assessed needs of the residents.

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with FLTCA, 2021, s. 11 (1) (b) [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to:

- 1) Develop a tool (policy, protocol, procedure) that clearly outlines what the expectations are of all staff regarding call bell response.
- 2) Provide education to all nursing staff (PSW's, Registered Practical Nurses (RPNs), Registered Nurses (RNs), and students) on a specified unit on the home's expectations for call bell response as per step 1, with a specific focus on timely response.
- 3) Maintain a record of the education from step 2, including the content of the education, the date the education was provided, the staff members who received the education, and the staff member(s) who provided the education.
- 4) Develop and implement an audit tool to ensure all nursing staff (PSWs, RPNs, RNs, and students) on a specified unit are in compliance with the home's call bell response expectations. The audits should be conducted at random, minimum three

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times a week for each shift, for three weeks.

5) Maintain a record of each completed audit, including the name of the staff audited, date and time the audit was completed, location of call bell being tested, person who completed the audit and any corrective actions taken.

6) Develop a plan to evaluate resident satisfaction related to call bell response on a specified unit, after steps 1-5 are complete.

7) Maintain a record of this evaluation, including the name of the staff member(s) completing the evaluation, name and room numbers of the residents evaluated, the feedback provided by the residents and the home's response to the residents feedback.

8) The plan should identify the team that will be implementing this plan including specified staff roles and responsibilities, along with an established timeline for the implementation of each component mentioned above within the compliance due date. Retain all records until the Ministry of Long Term Care (MLTC) has deemed this order has been complied with.

Please submit the written plan for achieving compliance for inspection #2025-1309-0005 to MLTC, by email to torontodistrict.mlhc@ontario.ca by August 13, 2025.

Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds

The licensee has failed to ensure that their organized program of personal support services to meet the assessed needs of residents, was complied with.

In accordance with FLTCA 2021, s. 11 (1) (b) where the Act or the Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place

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any plan, policy, protocol, program, procedure, strategy, initiative or system, it must be complied with. As part of the nursing and personal support services program, the licensee has a resident to staff communication response system and a process for responding to call bells. As per the home's training records for personal support workers, staff are to respond to the call bell in a timely manner.

An RPN stated staff should check the call bell immediately, within 5-15 minutes if possible, to ensure resident safety. They acknowledged that 30 minutes or more was not an appropriate response time for call bells, as a resident could be experiencing a medical emergency and require assistance.

During this inspection, a resident's call bell was pulled at 10:04am and it took staff 29 minutes to respond.

Another resident pulled their call bell prior to an interview and it took staff 27 minutes to respond. Additionally, this resident's call bell response report for June to July 2025, revealed that on two occasions, it took staff over an hour, and on five other occasions, it took staff over 30 minutes to respond to their call bell.

Another resident's call bell response report for May to June 2025, revealed that on eight occasions, it took staff over 30 minutes to respond to their call bell, and on one more resident's call bell response report for May to June 2025, it was revealed that on four occasions, it took staff over 30 minutes to respond to their call bell.

Failure to respond to call bells in a timely manner created potential for injury, delayed provision of resident care and made residents feel uncertain about their safety.

Sources: Observations; Resident Call Bell Response Reports; Nursing and Personal

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Support Services Program Review - 2024, April 30, 2025; Training Record:
Purposeful Rounding; The 4 P's Approach; Interviews with the homes staff.

This order must be complied with by September 24, 2025

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

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

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

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e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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Health Services Appeal and Review Board

Attention Registrar
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
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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