

**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:** December 1, 2025

**Inspection Number:** 2025-1309-0007

**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): November 18 - 21, 24 - 28, December 1, 2025

The following Complaint intake(s) was inspected:

-Intake: #00160990 - related to fall with injury

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

-Intake: #00158836 [CI #2824-000118-25] - related to injury of unknown cause

-Intakes: #00160637 [CI #2824-000126-25], #00160751 [CI #2824-000128-25] - related to fall with injury

-Intake: #00161231 [CI #2824-000131-25] - related to a choking incident

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

Resident Care and Support Services  
Food, Nutrition and Hydration  
Reporting and Complaints  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: PLAN OF CARE

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

**Non-compliance with: FLTCA, 2021, s. 6 (1) (a)**

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,  
(a) the planned care for the resident;

A resident was assessed at a specific time to be at risk with an activity of daily living (ADL). However, their plan of care did not include any interventions until a later date. Both a Long-Term Care (LTC) Manager and Food Service Manager (FSM) acknowledged that interventions should have been updated in the resident's written plan of care when the risk was identified.

**Sources:** Resident's clinical records, and interviews with an LTC Manager and FSM.

## WRITTEN NOTIFICATION: NURSING AND PERSONAL SUPPORT SERVICES

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

**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 home's job description for a Personal Support Worker (PSW) indicated PSWs would make hourly rounds to ensure resident safety. A resident's care plan indicated an intervention was to be in place to reduce the risk for fall.

On a specific date, the resident experienced a fall. A PSW acknowledged that since starting their shift they did not perform a visual check on the resident and did not check the intervention, which was found to not be operational at the time of the incident.

**Sources:** Resident's clinical records, Job Description for Personal Support Worker ('PSW')/Certified Health Care Aide ('HCA'), interviews with the PSW and an LTC Manager.

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## WRITTEN NOTIFICATION: COMPLAINTS PROCEDURE - LICENSEE

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

### Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

A written complaint was sent to the long-term care home concerning the care of a resident, that was not immediately forwarded to the Director. An LTC Manager acknowledged that this complaint indicated a risk of harm to the resident and was not reported to the Director until a later date.

**Sources:** Resident's clinical records, CI report and interview with an LTC Manager.

## WRITTEN NOTIFICATION: NUTRITIONAL CARE AND HYDRATION PROGRAMS

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

### Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;

Policies and procedures related to nutritional care and dietary services and hydration were not implemented for a resident. Specifically, an incident report was to be completed for unsafe food events.

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It was reported to a Registered Practical Nurse (RPN) by a family member that the resident was experiencing an unsafe food event. The RPN responded to the incident. An LTC Manager acknowledged that the home's policy was not complied with when the RPN did not complete the report for the resident's unsafe food event.

**Sources:** Resident's clinical records, Dietary Services, Nutrition and Hydration Program policies and interviews with an LTC Manager and RPN.

### **COMPLIANCE ORDER CO #001 REQUIRED PROGRAMS**

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.**

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

- 1) Re-educate three RPNs on the home's falls prevention policy, specifically a monitoring, including frequency of checks and actions to take when the resident is sleeping.
- 2) Re-educate an RPN on the home's falls prevention policy, specifically when to conduct a physical assessment of a resident post-fall.
- 3) Re-educate a Registered Nurse (RN) on the home's falls prevention policy, specifically on the action to take when an injury may be present post-fall.
- 4) Maintain a documented record of all the above re-education, including the content of the re-education, date of the re-education, name of staff who provided the re-education, and staff signed attendance.

### **Grounds**

- 1) The licensee was required to ensure there was a Falls Prevention Management Program in place and that this program was complied with. Specifically, when a resident sustained an unwitnessed fall a specific monitoring was to be initiated and monitored.

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a) A resident had an unwitnessed fall and sustained an injury. A specific monitoring was not completed at multiple scheduled times. Both an RPN and an LTC Manager acknowledged the home's policy was not followed as the staff should have completed the specific monitoring for the resident's unwitnessed fall.

Failure to complete the specific monitoring post-fall put the resident at risk for not detecting specific changes.

**Sources:** Resident's clinical records, home's Falls Prevention policy, interviews with an RPN and an LTC Manager.

b) A resident sustained an unwitnessed fall. A specific monitoring was initiated but was not completed at multiple scheduled times. An LTC Manager indicated that the home's policy was not followed when specific monitoring was not completed for an unwitnessed fall.

Failure to complete the specific monitoring post-fall put the resident at risk for not detecting specific changes.

**Sources:** Resident's clinical records, home's Falls Prevention policy, interviews with RPNs and an LTC Manager.

2) The licensee was required to ensure there was a Falls Prevention Management Program in place and that this program was complied with. Specifically, a resident was not to be moved prior to completion of a physical assessment by a nurse.

a) A resident sustained an unwitnessed fall. An RPN indicated that they completed a physical assessment of resident after the resident was moved. An LTC Manager indicated that the home's policy was not followed since the physical assessment should have been completed before moving the resident.

Not completing the physical assessment before moving the resident may have put the resident at risk for worsening any potential injury.

**Sources:** Resident's clinical records, home's Falls Prevention policy, interviews with an RPN and LTC Managers.

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3) The licensee was required to ensure there was a Falls Prevention Management Program in place and that this program was complied with. Specifically, the nurse was to conduct a comprehensive post-fall assessment, and ensure the resident was not moved if there was a suspicion or evidence of injury. If injury was suspected the attending physician or on call physician was to be contacted.

a) A resident sustained an unwitnessed fall. A RN indicated there was evidence of injury. Before calling the physician and conducting a comprehensive post-fall assessment, the resident was transferred back to bed. An LTC Manager indicated that the home's policy was not followed since a resident was moved before conducting a comprehensive post-fall assessment and calling the physician, after they fell with evidence of injury.

Not following the procedure may have potentially worsened the suspected injury and delayed emergency interventions.

**Sources:** Resident's clinical records, home's Falls Prevention policy, interviews with an RN, and LTC Managers.

**This order must be complied with by** January 14, 2026

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## **REVIEW/APEAL 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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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

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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:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).