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: May 13, 2025
Inspection Number: 2025-1531-0003
Inspection Type: Proactive Compliance Inspection
Licensee: City of Toronto
Long Term Care Home and City: Bendale Acres, Scarborough

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: April 30, 2025 and May 1, 2, 5, 6, 7, 8, 9, 13, 2025.

The following intake was inspected:

- Intake: #00145242 - Proactive Compliance Inspection

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Medication Management
Food, Nutrition and Hydration
Residents' and Family Councils
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Quality Improvement
Residents' Rights and Choices
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: FLTCA, 2021, s. 6 (2)
Plan of care
s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

The licensee has failed to ensure that the care set out in a resident's plan of care was based on an assessment of the resident and on the needs and preferences of that resident.

During lunch, all of a resident's food items were mixed together and fed to them. Their nutrition assessments and plan of care did not indicate that mixing food was part of their food preferences. The Nurse Manager (NM) acknowledged and confirmed that mixing food was the resident's preference. Their plan of care was updated accordingly on May 02, 2025.

Sources: An observation, review of a resident's clinical records and policy titled, Total Assistance at Mealtime, published on August, 2024, interviews with a Personal Support Worker (PSW) and the NM.

Date Remedy Implemented: May 2, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: FLTCA, 2021, s. 6 (10) (b)
Plan of care
s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that a resident's plan of care was revised when adaptive utensils were no longer necessary.

A resident was not provided with adaptive utensils at lunch time while it was outlined in their diet list and plan of care. The Occupational Therapist (OT) indicated that the utensils were discontinued months ago, however the plan of care and diet list were not updated accordingly. The resident's plan of care and diet list were updated accordingly on May 01, 2025.

Sources: An observation, review of the resident's care plan and diet list, interviews with the OT.

Date Remedy Implemented: May 1, 2025
NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 24 (2) 2.
Air temperature
s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:
2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.

The licensee has failed to ensure that the air temperature of one resident common

area on first floor was documented in writing between January to March 2025. The home had documented the air temperature of the child care centre as the first floor common area on a number of days between January to March 2025. The Supervisor Facility and Mechanical Services (SFMS) stated that the child care centre was not a resident area and should not have been utilized as an area for documenting the air temperatures for the first floor area of the home.

Afterwards, the SFMS showed the inspector that the child care centre was removed as an option for the staff to document air temperatures for the first floor of the home.

Sources: Review of the home's air temperature logs from January to March 2025; Interview with the SFMS.

Date Remedy Implemented: May 6, 2025

WRITTEN NOTIFICATION: Residents' Bill of Rights

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 3 (1) 19. iv.
Residents' Bill of Rights
s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
19. Every resident has the right to,
iv. have their personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to their records of personal health information, including their plan of care, in accordance with that Act.

The licensee has failed to ensure that a Registered Practical Nurse (RPN) kept a resident's personal health information (PHI) kept confidential. A RPN was observed going into a resident's room for medication administration and left the medication

cart with the electronic medication administration record (eMAR) screen listing a resident's medications in the hallway. The RPN acknowledged that resident's PHI needs to be protected through locking the eMAR screen when it is left unattended in a public area.

Sources: Observation with a RPN; Interview with a RPN.

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #005 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 an assistive feeding device set out in a resident's plan of care was provided to the resident as specified in the plan.

A resident was served food without the assistive feeding device outlined in their plan of care. The device was required to support self-feeding, and this was documented in both the care plan and the diet list. A Food Service Worker (FSW) acknowledged that the resident was not served food using the assistive feeding device as specified in their plan of care.

Sources: Observation of meal service, review of a resident's clinical records, interviews with the FSW and the Registered Dietician (RD).

WRITTEN NOTIFICATION: Nursing and personal support services

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

Non-compliance with: O. Reg. 246/22, s. 35 (4)
Nursing and personal support services
s. 35 (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee has failed to ensure that the written record related to the home's 2024 staffing plan evaluation contained a summary of the changes made and the date that those changes were implemented. The Acting Administrator could not demonstrate to the inspector that the home's 2024 staffing plan evaluation contained a written record of a summary of the changes made and the date that those changes were implemented.

Sources: Review of the home's 2024 staffing evaluation; Interview and email correspondence with the Acting Administrator.

WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 40
Transferring and positioning techniques
s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee has failed to ensure that staff used safe transferring and positioning techniques when assisting a resident.

A PSW had utilized a technique to reposition a resident that did not align with their plan of care. The NM confirmed that the resident should have been repositioned

safely in accordance to their care plan, and that improper repositioning could put the resident at risk of injury.

Sources: An observation, review of a resident's clinical records, interviews with a PSW and the NM.

WRITTEN NOTIFICATION: Food Production

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 78 (2) (f)
Food production
s. 78 (2) The food production system must, at a minimum, provide for,
(f) communication to residents and staff of any menu substitutions; and

The licensee has failed to ensure that an afternoon snack menu substitution was communicated to residents and staff.

On May 1, 2025, Salted Caramel Mini Muffins were served as an afternoon snack to residents in a resident home area, while the afternoon snack menu indicated Shortcake Cookies. The menu substitution notice was not posted anywhere in the resident home area, and the staff member serving the snacks to residents was not aware of the substitution. The Nutrition Manager (NTRM) confirmed that the menu substitution notice is the method used to communicate menu changes to residents and that it should have been posted in the home area.

Sources: Observation on May 01, 2025, Week one afternoon snack menu, interview with the NTRM.

WRITTEN NOTIFICATION: Food Production

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

Non-compliance with: O. Reg. 246/22, s. 78 (3) (b)
Food production
s. 78 (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,
(b) prevent adulteration, contamination and food borne illness. O. Reg. 246/22, s. 78 (3).

The licensee has failed to ensure that all food and fluids in the food production system were prepared, stored, and served using methods to, prevent adulteration, contamination and food borne illness.

On May 1, 2025, a FSW did not accurately record the temperature of the cold food items according to the thermometer and failed to take any action when the temperatures of the cold food items exceeded 4 degrees Celsius. The cold food items were not stored in the servery refrigerator after being delivered from the kitchen and were instead left on a cold surface outside for more than two hours before being served. The NTRM indicated that there was a risk of foodborne illness due to the cold food items being kept outside the fridge for an extended period. They also confirmed that the FSW should have taken temperature correction actions before serving the food to the residents.

Sources: Observation of dining service on May 1, 2025, review of food Temperature log and policy titled, Meal Service Temperature Recording, published on May 23, 2024, interviews with the NTRM and the FSW.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (7) 11.
Infection prevention and control program

s. 102 (7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:
11. Ensuring that there is in place a hand hygiene program in accordance with any standard or protocol issued by the Director under subsection (2) which includes, at a minimum, access to hand hygiene agents at point-of-care. O. Reg. 246/22, s. 102 (7).

The licensee has failed to ensure that the hand hygiene (HH) program in place was in accordance with any standard or protocol issued by the Director.

(i) A PSW did not perform HH upon exiting a resident room after providing morning care. Additionally, another PSW did not perform HH upon exiting another resident room after checking on the resident. The PSW acknowledged the risk for spread of infection.

Sources: Observations; interviews with two PSWs.

(ii) A PSW did not perform HH upon entering and exiting multiple residents' rooms while they were serving beverages at morning snack. The PSW acknowledged the risk of contamination and spread of infection while they were serving beverages to the residents in their rooms.

Sources: Observation on May 01, 2025, interviews with the PSW and the NM.

WRITTEN NOTIFICATION: Medication incidents and adverse drug reactions

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 147 (3) (a) (ii)
Medication incidents and adverse drug reactions

s. 147 (3) Every licensee shall ensure that,
(a) a quarterly review is undertaken of all medication incidents, incidents of severe hypoglycemia, incidents of unresponsive hypoglycemia, adverse drug reactions and every use of glucagon that have occurred in the home since the time of the last review in order to,
(ii) improve the use of glucagon and to improve the care and treatment of incidents of severe hypoglycemia and incidents of unresponsive hypoglycemia in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and

The licensee has failed to ensure that a quarterly review was undertaken related to improving the use of glucagon and to improve the care and treatment of incidents of severe and unresponsive hypoglycemia. The home had one identified incident in 2024, however, upon review of the home's quarterly medication review, there was no information to support that there was a discussion on improving the use of glucagon and treatment of severe and unresponsive hypoglycemia.

Sources: Interview with the Acting Director of Nursing (DON) and review of the home's quarterly medication meetings for 2024.

WRITTEN NOTIFICATION: Medication incidents and adverse drug reactions

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 147 (3) (a) (iii)
Medication incidents and adverse drug reactions
s. 147 (3) Every licensee shall ensure that,
(a) a quarterly review is undertaken of all medication incidents, incidents of severe hypoglycemia, incidents of unresponsive hypoglycemia, adverse drug reactions and every use of glucagon that have occurred in the home since the time of the last review in order to,

(iii) identify patterns of incidents of severe hypoglycemia and incidents of unresponsive hypoglycemia;

The licensee has failed to ensure that a quarterly review was undertaken in order to identify patterns of incidents of severe hypoglycemia and incidents of unresponsive hypoglycemia. The home's quarterly medication review did not track or identify any patterns around potential incidents of severe hypoglycemia and incidents of unresponsive hypoglycemia.

Sources: Interview with the Acting DON and review of the home's quarterly medication meetings for 2024.

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (3)
Continuous quality improvement initiative report
s. 168 (3) The licensee shall ensure that a copy of the report is provided to the Residents' Council and Family Council, if any.

The licensee has failed to ensure that the 2024-25 Quality Improvement (QI) report was provided to the Residents' Council.

A review of the Residents' Council minutes did not indicate that the 2024–25 QI report was provided to the council. A resident who is the active members of the Residents' Council was unable to confirm whether the 2024–25 QI report had been received. The home's Administrator and manager of residents services confirmed that there was no documentation to verify that the 2024–25 QI report had been shared with the Residents' Council over last fiscal year.

Sources: Review of residents council minutes in last 12 months, interviews with the Administrator and manager of residents services.

COMPLIANCE ORDER CO #001 Dining and snack service

NC #014 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 79 (1) 9.
Dining and snack service
s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
9. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
1. Educate two PSWs on home's policy related to safe feeding techniques to assist residents. The education should be provided by member of the home's staff or management.
2. Conduct random two audits per week, for a minimum of three weeks following the service of this order, of two PSWs to ensure safe feeding strategies are being followed assisting residents with eating.
3. Maintain a record of the aforementioned training, including the dates, staff names and designation, signed attendance, training topics, and name and title of the person(s) who provided the training.
4. Maintain a record of the aforementioned audits, including the dates and times of the audits, the name(s) of the auditor, the names and designation of staff audited, results of audits and any actions taken in response to the audit findings.

Grounds

The licensee has failed to ensure that proper techniques, including safe positioning were used to assist two residents with eating.

1. A PSW fed a resident without following the safe feeding strategies outlined in the resident's plan of care. When the resident had refused, no further attempts were made to encourage intake. The Registered Dietitian (RD) and the Nutrition Manager both confirmed that the resident was placed at risk and that safe feeding interventions should be followed at all times.

Sources: An observation, review of the resident's clinical records and policy titled, Total Assistance at Mealtime, Published: August 5, 2024, interviews with a PSW, the Nutrition Manager and the RD.

2. A PSW fed a resident beverages and food while the resident was not positioned in a manner outlined in their plan of care. A caregiver also attempted to feed the resident in an unsafe manner. No staff intervened to prevent this action. A RN confirmed actions should have been taken to ensure the resident was being fed safely but was not utilized in this incident. The RD confirmed that the resident was placed at risk and safe feeding interventions should be followed as per their plan of care and the home's policy.

Sources: An observation, review of the resident's clinical records and policy titled, Total Assistance at Mealtime, Published: August 5, 2024, interviews with a RN, and the RD.

This order must be complied with by June 27, 2025

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
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:

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.