

Ministry of Long-Term Care  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

Central East District  
33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

## Public Report

**Report Issue Date:** August 19, 2025

**Inspection Number:** 2025-1123-0003

**Inspection Type:**  
Critical Incident

**Licensee:** DTOC II Long Term Care LP, by its general partner, DTOC II Long Term Care MGP (a general partnership) by its partners, DTOC II Long Term Care GP Inc. and Arch Venture Holdings Inc.

**Long Term Care Home and City:** Bon Air Long Term Care Residence, Cannington

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 11-14 and 18-19, 2025.

The following intake(s) were inspected:

1. One intake about resident to resident abuse

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

Prevention of Abuse and Neglect

## 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 (1) (c)

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,

(c) clear directions to staff and others who provide direct care to the resident.

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The licensee has failed to ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident.

Review of the resident's care plan indicated they were to be monitored at night only if staff was available. The care plan did not identify what the plan for monitoring was if staff were not available. The Director of Care (DOC) confirmed the care plan was not clear.

**Sources:** review of the resident's plan of care and interview with staff.

### **COMPLIANCE ORDER CO #001 Duty to protect**

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

#### **Non-compliance with: FLTCA, 2021, s. 24 (1)**

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

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

- 1) The licensee will provide education all direct care staff (Personal Support Workers (PSW)' and registered staff) on the prevention of abuse and neglect including but not limited to duty to report.
- 2) The licensee will keep a record of who provided the education, the contents of the education provided and names of staff participating.
- 3) The licensee will retain the education records and provide the records to the inspector upon request.

#### **Grounds**

Non-compliance with: FLTCA, 2021 s. 24 (1)

The licensee has failed to protect residents from abuse by anyone and failed to ensure that residents are not neglected by the licensee or staff.

Review of an email sent by the family of a resident to the home, identified two separate occasions when the co-resident was in their room at night and inappropriate touching occurred by the co-resident. Review of the resident's progress notes indicated that the

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Registered Practical Nurse (RPN) documented they were told by the resident that they were sexually assaulted by another co-resident. The RPN offered the resident a wander guard to prevent the co-resident from entering the resident's room. Documentation indicated there was two separate occasions where the resident made allegations of sexual assault. On both occasions the accusations were not reported to the Director by the RPN.

The Executive Director (ED) confirmed the home was fully staffed on the day this incident occurred and that the RPN did not report allegations of sexual abuse to the management of the home. Review of the homes prevention of abuse and neglect policy states that staff who receive or believe a resident is experiencing abuse that it be reported to the management staff immediately.

During an interview with the resident, they indicated they think about this situation often and how they will deal with the incident. Inspector observed the resident constantly looking for the location of the co- resident during the inspection. When the resident and the inspector walked through the home area, the resident appeared anxious until the co-resident was located.

When the resident reported allegations of sexual abuse by a co-resident to the RPN, the RPN did not take immediate action, the resident experienced a second incident or sexual abuse by the co-resident. The staff's inaction resulted in the resident being the recipient of multiple instances of sexual abuse resulting in increased anxiety and a loss of trust.

**Sources:** review of the resident's plan of care, observations, and interviews with staff and the resident.

**This order must be complied with by** October 10, 2025.

## **COMPLIANCE ORDER CO #002 Behaviors and Altercations**

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

### **Non-compliance with: O. Reg. 246/22, s. 60 (a)**

Behaviors and altercations

s. 60. Every licensee of a long-term care home shall ensure that,

(a) procedures and interventions are developed and implemented to assist residents

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and staff who are at risk of harm or who are harmed as a result of a resident's behaviors, including responsive behaviors, and to minimize the risk of altercations and potentially harmful interactions between and among residents.

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

- 1) The licensee will develop and implement a process for communicating with the social worker/or counselor regarding high priority situations including but not limited to abuse.
- 2) The plan will include a backup plan if social worker/counselor is not immediately available.

**Grounds**

Non-Compliance with: O. Reg. 246/22 s. 60 (a)

The licensee has failed to ensure that, procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviors, including responsive behaviors, and to minimize the risk of altercations and potentially harmful interactions between and among residents.

Review of the resident's plan of care confirmed a referral to the Social Worker was sent the same day the home became aware of the alleged sexual abuse. At the time of inspection, the resident had not been seen by the Social Worker. The PSW and the Registered Nurse (RN) confirmed that the resident has been affected by the situation as the resident continued to speak about the incident with staff members and the inspector.

During an interview, the resident indicated they think about the incidents often and try to figure out how they will solve this situation. The resident expressed the incident has affected them emotionally. The Social Worker's assessment notes confirmed the resident felt better when they were able to express themselves to other residents about the incident.

The written care plan for the co-resident confirmed they were to be monitored for safety. Review of the resident's interventions indicated gaps in the monitoring, confirmed the resident was not being checked as per care plan.

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When the resident reported allegations of sexual abuse by a co-resident to the RPN, a referral to the Social Worker was sent the same day the home became aware, and the resident was not seen until multiple days later. The homes delay in providing the resident with emotional support resulted in the resident not feeling safe.

**Sources:** Review of the resident's plan of care and interview with staff.

**This order must be complied with by** October 10, 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, 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).



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**Inspection Report Under the  
Fixing Long-Term Care Act, 2021**

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