

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 16, 2025
Inspection Number: 2025-1007-0009
Inspection Type: Complaint Critical Incident
Licensee: Vigour Limited Partnership on behalf of Vigour General Partner Inc.
Long Term Care Home and City: Cheltenham Community, North York

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 8-12, 15, 16, 2025

The following intake(s) were inspected:

- Intake: #00162863 - [Critical Incident (CI): 0922-000035-25] - Neglect
- Intake: #00162990 - Complaint related to resident care and services, continence care, and wound care

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

- Continence Care
- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Reporting and Complaints

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 (10) (b)

Plan of care

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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;

A resident's plan of care indicated a specific intervention. The resident experienced a progressive health decline and the Personal Support Worker (PSW) stated they provided the resident with a different intervention during this period. The Registered Practical Nurse (RPN) stated they were aware that a different intervention was being provided due to a significant change. The RPN stated they did not complete an assessment or initiate referrals to the interdisciplinary team members, therefore the plan of care was not reviewed or revised.

Sources: Review of the resident's clinical records, and interviews with the PSW and the RPN.

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (c)

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,
(c) care set out in the plan has not been effective.

A resident's care plan indicated they were able to complete an Activity of Daily Living (ADL) independently with limited assistance from one team member. The resident experienced a progressive health decline and an assessment was completed which indicated that due to significant decline, the resident was no longer able to complete the ADL independently, requiring total assistance. The RPN acknowledged that when the resident was reassessed and the care set out in the care plan was not effective, the care plan should have been revised.

Sources: Review of the resident's clinical records, and interview with the RPN.

WRITTEN NOTIFICATION: Required Programs

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

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Non-compliance with: O. Reg. 246/22, s. 53 (1) 2.

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:

2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure injuries, and provide effective skin and wound care interventions.

A resident was found to have altered skin and according to the home's skin and wound care management policy, the PSWs were required to document any abnormal skin conditions in the electronic Point of Care (POC) system. Review of POC records revealed the altered skin concern was not documented.

Sources: Review of the resident's clinical records, LTCH's policy VII-G-10.90-Skin & Wound Care Management Protocol (last revised 10/2025) and interview with the PSW.

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 (1) 1.

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.

A Critical Incident System (CIS) report was submitted by the home related to a written complaint received from a resident's family concerning resident's care. The Executive Director (ED) was unable to provide documentation to support the complaint had been investigated and acknowledged that the complaint alleged risk of harm and that an investigation had not been initiated immediately.



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

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Sources: Review of complaint email, LTCH's policy XXIII-E-10.00-Complaints Management Program (last revised 12/2025), and interview with the ED.