

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

<b>Report Issue Date:</b> February 20, 2026
<b>Inspection Number:</b> 2026-1007-0001
<b>Inspection Type:</b> Critical Incident
<b>Licensee:</b> Vigour Limited Partnership on behalf of Vigour General Partner Inc.
<b>Long Term Care Home and City:</b> Cheltenham Community, North York

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 17-20, 2026

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

Intake: #00164334/ CI #0922-000037-25 - related to an injury sustained by a resident.

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

Resident Care and Support Services

## 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 (4)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

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A Personal Support Worker (PSW) reported to a Registered Practical Nurse (RPN) that a resident had sustained an injury. The injury was not communicated to the interprofessional team in a timely manner. The physician was notified only after the resident's symptoms had worsened.

**Sources:** Resident's clinical health records, The home's policy, and interviews with the RPN and Assistant Director of Care (ADOC).

[000916]

## WRITTEN NOTIFICATION: Pain Management

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

**Non-compliance with: O. Reg. 246/22, s. 57 (1) 4.**

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

The home's policy on pain and symptom management directs nurses to evaluate the effectiveness of pain medication using the pain scale in the electronic documentation system. The policy also directs nurses to screen for pain and complete a pain assessment when a resident reports or exhibits signs and symptoms of pain after interventions. The above requirements were not completed for a resident.

**Sources:** Resident's clinical health records, the home's policy, and an interview with the ADOC.

[000916]