

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

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: October 23, 2025

Original Report Issue Date: October 3, 2025

Inspection Number: 2025-1421-0003 (A1)

Inspection Type:

Critical Incident

Licensee: Copernicus Lodge

Long Term Care Home and City: Copernicus Lodge, Toronto

AMENDED INSPECTION SUMMARY

This report has been amended to:

This report has been amended related to administrative changes. Non-Compliance Remedied (NCR) and NC #003 are included in this report for reference.

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INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 12, 15-19, 24-26, 29 and October 1 and 3, 2025.

The inspection occurred offsite on the following date(s): September 23, 2025.

The following intakes were completed in this Critical Incident System (CIS) inspection:
Intakes: #00152611 (CIS 2025-0000036/2937-000025-25), #00153665 (CIS 2937-000029-25) and #00157766 (CIS 2937-000032-25) were related to falls prevention and management.

Intake: #00155106 (CIS 2937-000031-25) was related to multiple care concerns.

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

- Continence Care
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Falls Prevention and Management

AMENDED 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: 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 licensee has failed to ensure that the fall prevention interventions were implemented for a resident.

During an observation, the inspector observed that the fall prevention interventions were not implemented for a resident. Staff acknowledged the inspector's observations and immediately implemented the fall prevention interventions.

These interventions posed a low risk to the resident since a staff was with the resident.

Sources: Observation of a resident; Review of resident's clinical records; and interview with staff.

Date Remedy Implemented: on a specified date.

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (4) (a)

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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

The licensee has failed to ensure that staff and others involved in the different aspects of a resident's care collaborated with each other so their assessments were integrated and were consistent with and complemented each other.

On a day in September 2025, a resident sustained a fall that resulted in an injury.

The home's policy directed the nurse to make a referral to physiotherapy.

A physiotherapist (PT) indicated they did not received a referral post a resident's fall. A nurse acknowledged they failed to collaborate with the PT when they did not send a referral.

Sources: Resident's clinical records; policy NO-16 titled "Falls Prevention and Management Program" (last reviewed April 2024); interviews with staff.

WRITTEN NOTIFICATION: Nursing and personal support services

NC #003 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 licensee has failed to ensure that staff complied with the home's nursing and personal services program related to call bells response time for a resident.

In accordance with FLTCA, 2021, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the nursing and personal services program were complied with.

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Specifically, the home's call bell policy was not complied with related to responding to call bells within a specified timeframe. The policy further stated if staff are unable to fully address the request within this timeframe due to competing priorities or care demands, they should check with the resident to acknowledge the call, assess for urgency, and provide reassurance.

A resident expressed that staff were not responding timely to their call bell during specific time periods. Review of a resident's call bell response for specific time periods, revealed that their call bell rang several times in excess of the home's expected response time frame. Two staff acknowledged that the home's call bell policy was not followed when a resident's call bell was not responded to within the specified time as per the home's policy.

Sources: Home's policy Pager Usage (NO-04, last reviewed March '2024); Resident's Call Bell Records; Resident's clinical records; Interviews with staff.