

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: January 30, 2025

Inspection Number: 2025-1538-0001

Inspection Type:

Complaint
Critical Incident
Follow up

Licensee: City of Toronto

Long Term Care Home and City: Cummer Lodge, North York

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 22-24, 27-30, 2025

The following intake(s) were inspected:

- Intake: #00133355 - follow-up on a previously issued Compliance Order (CO) related to FLTCA, 2021, s. 24 (1)
- Intake: #00135818/Critical Incident (CI) #M512-000055-24 - related to a disease outbreak
- Intake: #00132003 - a complaint related to a resident's admission and falls prevention and management

The following intake(s) were completed:

- Intake: #00132487/CI #M512-000052-24 - related to a disease outbreak

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Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2024-1538-0005 related to FLTCA, 2021, s. 24 (1)

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

Infection Prevention and Control
Falls Prevention and Management

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) (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.

The licensee has failed to ensure that a resident was reassessed, and their plan of care was reviewed and revised when an intervention had not been effective. The use of a specific device was identified as one of the falls prevention interventions for the resident. Staff indicated that the resident had been refusing to use this device and therefore the intervention had not been effective for the resident.

Sources: A resident's clinical records and interviews with staff.

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WRITTEN NOTIFICATION: Communication and response system

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

Non-compliance with: O. Reg. 246/22, s. 20 (a)

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

The licensee has failed to ensure that a resident's call bell was easily seen and accessible by the resident. On an occasion, a Personal Support Worker did not ensure the call bell was easily seen and accessible by the resident when the resident was left alone in the room post dinner.

Sources: Interview with the resident and staff; and home's investigation notes.

WRITTEN NOTIFICATION: Dining and snack service

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

Non-compliance with: O. Reg. 246/22, s. 79 (1) 3.

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:
3. Monitoring of all residents during meals.

The licensee has failed to ensure that a resident was monitored during meals. On an occasion, staff did not provide supervision or monitoring when the resident had dinner alone in their room.

Sources: Interviews with the resident and staff.

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**WRITTEN NOTIFICATION: Infection and prevention control
program**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was implemented.

Additional Requirement 9.1 of the IPAC Standard for Long-Term Care Homes required Routine Practices be followed in the IPAC program. Specifically, s. 9.1 (b) around hand hygiene, including, but not limited to, at the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact). A laundry staff was observed to have entered and exited several resident rooms without performing hand hygiene prior to and after resident environment contacts.

Sources: Observation and interviews with staff.