

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 17, 2026
<b>Inspection Number:</b> 2026-1284-0001
<b>Inspection Type:</b> Complaint Critical Incident
<b>Licensee:</b> Slovenian Linden Foundation
<b>Long Term Care Home and City:</b> Dom Lipa, Etobicoke

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 29, 30, 2026 and February 2, 3, 4, 5, 17, 2026

The inspection occurred offsite on the following date(s): February 6, 2026

The following complaints were inspected:

- Intake: #00160317 - related to food, nutrition and hydration
- Intake: #00168452 - related safe and secure home

The following Critical Incidents (CI) were inspected:

- Intake: #00167431/CI#2794-000001-26 - related to infection prevention and control

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

Food, Nutrition and Hydration  
Infection Prevention and Control  
Safe and Secure Home

## 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-

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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. 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).

There was no posted signages throughout the home that listed the signs and symptoms of infectious diseases for self monitoring as well as steps that must be taken if an infectious disease is suspected or confirmed in any individual.

During the inspection, signage was observed at the entrances and throughout the home.

**Sources:** Observations; and interview with the IPAC Lead.

Date Remedy Implemented: January 30, 2026

**WRITTEN NOTIFICATION: Accommodation Services**

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

**Non-compliance with: FLTCA, 2021, s. 19 (2) (c)**

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The windows in a resident's room were observed to be emitting cold air drafts into the room. Facility Service Coordinator and Executive Director (ED) acknowledged that the windows required maintenance to prevent cold drafts from entering the room.

**Sources:** Observation, interviews with the Facility Service Coordinator and ED.

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## WRITTEN NOTIFICATION: Reporting and Complaints

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

### Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,  
(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The home did not forward the email complaint it received from a resident's Substitute Decision Maker, regarding the low air temperature in the resident's room to the Director.

**Sources:** Home's complaint records and interview with the ED.

## WRITTEN NOTIFICATION: Air Temperature

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

### Non-compliance with: O. Reg. 246/22, s. 24 (1)

Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The air temperature was observed below the minimum temperature in a resident's bedroom and bathroom. The Facility Service Coordinator acknowledged that the air temperature was not maintained at the minimum temperature as required.

**Sources:** Observation, resident's progress notes and interview with the Facility Service Coordinator.

## WRITTEN NOTIFICATION: Dietary Services

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

### Non-compliance with: O. Reg. 246/22, s. 76 (c)

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#### Dietary services

s. 76. Every licensee of a long-term care home shall ensure that the dietary services component of the nutritional care and dietary services program includes,  
(c) dining and snack service; and

The dietary services component of the nutritional care and dietary services program, pertaining to dining service, was not complied with for residents.

During meal service, the Food Service Worker (FSW) was observed not referring to the meal service report while serving meals. Some residents did not receive their meals as outlined in the meal service report.

**Sources:** Observation, Meal Service – Dining Room Service policy, interviews with FSW and Food Service Manager (FM).

Meals are to be served meals using utensils of proper serving sizes to ensure nutritional intake for the residents.

The FSW was observed using improper serving sizes.

**Sources:** Observation, Food Production – Portion Control Policy, interview with the FM.

### **WRITTEN NOTIFICATION: Food Production**

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 78 (2) (c)**

Food production

s. 78 (2) The food production system must, at a minimum, provide for,  
(c) standardized recipes and production sheets for all menus;

The home did not ensure that standardized recipes were used for all menus.

The cook and FM confirmed that the standardized recipes were not followed during meal preparation.

**Sources:** Observation, recipe binder, interviews with the Cook and FM.

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## WRITTEN NOTIFICATION: Food Production

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 78 (2) (f)**

Food production

s. 78 (2) The food production system must, at a minimum, provide for,  
(f) communication to residents and staff of any menu substitutions; and

The home did not ensure that menu substitutions were communicated to residents when changes were made to the posted daily menu.

During meal service observations, several menu substitutions were made but were not communicated to residents.

**Sources:** Observations, and daily posted menus.

## WRITTEN NOTIFICATION: Food Production

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 78 (2) (g)**

Food production

s. 78 (2) The food production system must, at a minimum, provide for,  
(g) documentation on the production sheet of any menu substitutions. O. Reg. 246/22,  
s. 78 (2).

Menu substitutions were not documented on the production sheet.

**Sources:** Observations, and production sheets.

## WRITTEN NOTIFICATION: Food Production

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 78 (4) (c)**

Food production

s. 78 (4) The licensee shall maintain, and keep for at least one year, a record of,  
(c) menu substitutions. O. Reg. 246/22, s. 78 (4).

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The records of menu substitutions were not kept for at least one year in the home.

The FM confirmed that the home did not maintain any record of menu substitutions, and no documentation was available for review.

**Sources:** No menu substitution records available and interview with the FM.

## **WRITTEN NOTIFICATION: Infection Prevention and Control Program**

NC #010 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).

Routine practices related to hand hygiene, specifically before initial resident/resident environment contact, were not performed by Personal Support Worker (PSW).

The PSW was observed entering resident's room, where the resident was on contact precautions, to deliver the meal and provide feeding assistance. The staff member had not performed hand hygiene before entering the room and before initiating meal assistance to the resident.

**Sources:** Observation, IPAC Standard for Long Term Care home; Additional Precaution Policy; and interview with the IPAC Lead.

A PSW did not follow the appropriate application of required Personal Protective Equipment (PPE) prior to providing assistance to the resident.

The PSW was observed to have donned gloves before putting on the gown, which was not the correct sequence for PPE application.

**Sources:** Observation, resident's clinical records, IPAC Standard for Long Term Care homes; Additional Precaution Policy; and interview with the IPAC Lead.