Ontario

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

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: April 2, 2026
Inspection Number: 2026-1219-0002
Inspection Type: Complaint Critical Incident
Licensee: Schlegel Villages Inc.
Long Term Care Home and City: Fairview Nursing Home, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: March 2-3, 5-6, 11-12, 16-20, 23-26, and April 1-2, 2026
The inspection occurred offsite on the following dates: March 4, 12-13, 19-20, 27, 30-31, and April 1, 2026

The following intakes were inspected in this Critical Incident (CI) inspection:
Intake: #00168145 (CI #2723-000002-26) related to alleged resident abuse
Intake: #00173173 (CI #2723-000007-26) related to unexpected death of a resident

The following intake was inspected in this complaint inspection:
Intake: #00172822 related to resident care and environmental services concerns

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

Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Responsive Behaviours
Prevention of Abuse and Neglect

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 (2)
Plan of care
s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

The resident's plan of care was not based on an assessment of their responsive behaviour. This responsive behaviour was not documented in the plan of care.

Sources: Review of the resident's clinical records; and interviews relevant staff members.

WRITTEN NOTIFICATION: Plan of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The resident's interventions for fall prevention and skin and wound management were not applied.

Sources: Observation; and review of the resident’s clinical records.

WRITTEN NOTIFICATION: Accommodation Services

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 19 (2) (a)
Accommodation services
s. 19 (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;

Several areas of the home and equipment were not kept clean and in sanitary condition.

Sources: Observations on two dates.

WRITTEN NOTIFICATION: Accommodation Services

NC #004 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.

There were holes in the walls, missing tiles and general degradation in various areas of the home.

Sources: Observations on two dates.

WRITTEN NOTIFICATION: Doors in a Home

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.
Doors in a home
s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The door leading to the electrical room on a neighbourhood was left unlocked and unsupervised with a resident in the immediate vicinity.

Source: Observation on a specified date.

WRITTEN NOTIFICATION: Responsive Behaviours

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (1) 1.
Responsive behaviours
s. 58 (1) Every licensee of a long-term care home shall ensure that the following are

developed to meet the needs of residents with responsive behaviours:
1. Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other.

The resident had a history of a responsive behaviour that they expressed to a registered staff member on a specified date.

There were no documented screening tools or assessments in the resident's clinical records. The home did not have a screening protocol/assessment tool for registered staff to complete when a resident had reported an identified responsive behaviour.

Sources: Review of the resident's clinical records; and interviews with relevant staff members.

WRITTEN NOTIFICATION: Responsive Behaviours

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(b) strategies are developed and implemented to respond to these behaviours, where possible; and

The resident had a history of responsive behaviour during care. Strategies to manage the behaviour were developed months after it was initially identified.

Sources: Resident’s clinical records; and interviews with relevant staff members.

WRITTEN NOTIFICATION: Pest Control

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 94 (2)
Pest control
s. 94 (2) The licensee shall ensure that immediate action is taken to deal with pests.

A housekeeper sighted pests in a neighbourhood. The sighting was reported three days later.

Sources: Interviews with relevant staff members.

WRITTEN NOTIFICATION: Administration of Drugs

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 140 (2)
Administration of drugs
s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The resident's medications were administered several hours later than scheduled.

Sources: Observations and the resident's clinical records.

COMPLIANCE ORDER CO #001 Duty to protect

NC #010 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 24 (1)
Duty to protect
s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
1. Create a case-study scenario utilizing these incidents of sexual abuse and neglect of residents.
2. Conduct an in-person review of the case study with all Personal Support Workers (PSWs) and registered staff who work on a specified neighbourhood, as well as the charge nurses, the Assistant Directors of Nursing Care (ADNCs), the Director of Nursing Care (DNC), and the General Manager (GM).
3. In the review, discuss the steps that the staff should take in response to resident to resident sexual abuse.
4. Maintain the records of the above discussions including the content of the case study,

content of the review, date of the review, name of staff who provided the review, and staff signed attendance.
5. Re-train a specified registered staff member on the home's policy and procedure related to an identified responsive behaviour and monitoring.
6. Develop and implement a process to ensure all registered staff on a neighbourhood are aware of when to implement monitoring related to an identified responsive behaviour.
7. Train all registered staff on an identified neighbourhood on the process in step 6.
8. For steps 5 and 7, maintain records of the the training and include date(s) of the training, person who provided the training, content and attendance sheet of the training.

Grounds

i) A resident had known sexual expressions towards other residents. Several residents were not protected from sexual abuse by this resident.

The home failed to protect several residents from incidents of sexual abuse.

Sources: Residents' clinical records; and interviews with relevant staff.

ii) The home neglected several residents when they failed to protect them from sexual abuse.

Sources: Residents' clinical records; and interviews with relevant staff.

iii) A resident died related to a history of an identified responsive behaviour.

The resident's plan of care indicated the resident's history of an identified responsive behaviour and directed registered staff to determine risk. Registered staff were to monitor the resident every shift, and if the behaviour was observed, they were to implement more frequent checks of the resident and inform their supervisor.

The home's policy directed registered staff to assess the resident and based on the assessment implement appropriate interventions.

The resident expressed this behaviour to a registered staff. The registered staff failed to perform an assessment of the resident and did not direct PSW staff to conduct more

frequent checks of the resident.

The resident was harmed as a result the registered staff member's inaction of not implementing measures as per the resident's plan of care.

Sources: Resident's clinical records, CI report #2723-000007-26 and the home's policy (Tab 06-04); and interviews with relevant staff members.

This order must be complied with by May 14, 2026

This compliance order is also considered a written notification and is being referred to the Director for further action by the Director.

COMPLIANCE ORDER CO #002 Policy to promote zero tolerance

NC #011 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 25 (1)
Policy to promote zero tolerance
s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
1. Re-educate all PSWs and registered staff who work on a specified neighbourhood, as well as the charge nurses, ADNCs, DNC, and the GM on the home's Zero Tolerance of Abuse and Neglect Policy and Procedures, including the resident-to-resident abuse policy. Ensure education includes their roles and responsibilities, what immediate actions to take and what assessments and documentation to complete in response to alleged, suspected or witnessed sexual abuse.
2. Maintain documentation of the education provided including the content, the date of the education, who provided the education, and the individuals who attended the education.

Grounds

The home's policy to promote zero tolerance of abuse and neglect was not complied with when a resident sexually abused co-residents.

The home's resident-to-resident abuse policy indicated that abusive acts are to be documented in detail with the care and treatment provided to both residents; investigations are to begin immediately with the initiation of an Internal Incident Form; notification of abuse to residents' substitute decision maker; and to report incidents that may constitute criminal offence to the appropriate police services.

The home failed to follow the above-mentioned areas in their policy.

Failure to follow the different parts of the home's abuse policy demonstrated a pattern of sexual abuse and neglect of residents by the home.

Sources: Residents' clinical records, and Investigation Process for Suspected Resident to Resident Abuse (Tab 04-06A); and interview of relevant staff.

This order must be complied with by May 14, 2026

COMPLIANCE ORDER CO #003 Reporting certain matters to Director

NC #012 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
1. Re-educate all PSWs and registered staff (RPNs and RNs) working on a specified neighbourhood, including change nurses, and all leadership staff (ADNCs, DNC, and GM) on the following areas:

a. Re-educate all the above mentioned staff on the home's policy for mandatory reporting requirements. Include, but not limited to, incidents involving the resident as to when to make mandatory reports under section 28 related to sexual abuse.
b. Include examples of resident-to-resident sexual abuse that constitute mandatory reporting under section 28, and, where applicable, include examples involving the resident and other co-residents.

2. Maintain a record of the education providing including the content, the date of the education, who provided the education, and the individuals who attended the education.

Grounds

i) An incident of resident-to-resident sexual abuse was not immediately reported to the Director.

Sources: Review of After Hours Reporting; and interview with staff.

ii) The home had grounds to suspect sexual abuse by a resident towards co-residents and failed to notified the Director of these incidents of sexual abuse.

Failure to report incidents of suspected sexual abuse immediately to the Director, placed residents at increased risk of re-occurrence and delayed the Ministry's response.

Sources: Residents' clinical records, Critical Incident System, interviews with relevant staff.

This order must be complied with by May 14, 2026

COMPLIANCE ORDER CO #004 Behaviours and altercations

NC #013 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 60 (a)
Behaviours and altercations
s. 60. Every licensee of a long-term care home shall ensure that,
(a) procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident’s

behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents; and

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 60 (a) [FLTCA, 2021, s. 155 (1) (b)]:
The plan must include but is not limited to:

1. A process to ensure that interventions are developed and implemented to minimize risk of sexual abuse and harmful interactions between residents. Including, but not limited to, staff awareness of these interventions.
2. This approach should include an interdisciplinary collaboration with PSWs, registered staff, and all levels of management, responsive program leads, and the physician.

Please submit the written plan for achieving compliance for inspection #2026-1219-0002 by April 20, 2026.
Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds

Residents were sexually abused by a co-resident. There were no interventions developed or implemented to minimize risk of harmful interactions when residents were sexual abused by the co-resident.

The failure to develop strategies to minimize the risk of these harm put the residents at risk of sexual abuse.

Sources: Residents' clinical records; and interviews with relevant staff.

This order must be complied with by June 8, 2026

REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.