

**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

## Original Public Report

**Report Issue Date:** November 27, 2024

**Inspection Number:** 2024-1228-0004

**Inspection Type:**

Complaint  
Critical Incident

**Licensee:** Harold and Grace Baker Centre

**Long Term Care Home and City:** Harold and Grace Baker Centre, Toronto

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 1, 4-8, 12-15, 18, 2024

The following intake(s) were inspected:

- Intake: #00126532 - [Critical Incident (CI): 2732-000021-24] - related to staff to resident abuse
- Intake: #00128558 - [CI: 2732-000026-24] - related to improper care resulting in a fall with injury
- Intake: #00130353 - [CI: 2732-000032-24] - related to cleanliness, housekeeping; improper care

The following intake(s) were inspected in this Complaint inspection:

- Intake: #00130080 - related to allegation of abuse
- Intake: #00130190 - related to cleanliness in the home; dealing with complaints, improper care of resident; and allegation of abuse
- Intake: #00130782 - related to improper care causing injury

The following intake(s) were completed:

- Intake: #00124525 - [CI: 2732-000020-24]; Intake: #00126539 - [CI: 2732-

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000022-24; intake #00127485 - [CI: 2732-000024-24] - related to infection prevention and control

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

Resident Care and Support Services  
Housekeeping, Laundry and Maintenance Services  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Reporting and Complaints

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Residents' Bill of Rights

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 3 (1) 1.**

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.

The licensee has failed to ensure that a resident's right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality was fully respected and promoted.

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**Rationale and Summary**

The Director received a complaint and a Critical Incident (CI) report related to an alleged staff physical abuse involving a resident.

Written statements from a Registered Practical Nurse (RPN) indicated that they heard a Personal Support Worker (PSW) mocking the resident. The home's policy indicated all residents were treated with dignity and respect and must protect the rights of each and every resident entrusted to their care.

The RPN stated they heard and observed the PSW mimicking and mocking the resident. The Director of Care (DOC) stated that staff mimicking the resident was not courteous.

Failure to ensure that the resident was treated with courtesy and respect poses the risk of their dignity not being respected.

**Sources:** Resident Non-Abuse ADMIN1-P10 (November 2023), Home's investigation Notes, interviews with an RPN and DOC.

**WRITTEN NOTIFICATION: Plan of care**

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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 licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in the plan related to toileting.

**Rationale and Summary**

A complaint was received by the Ministry of Long-Term Care (MLTC) from a resident's family. The complainant alleged that they reported to the nursing staff that the resident needed to be changed. The resident was not changed until one and a half hours later.

The resident's written plan of care indicated to toilet the resident whenever they requested.

A Registered Nurse (RN) confirmed that the resident's family requested for the resident to be changed, and this was communicated to the PSW team. The resident's family repeated the request at a later time. The nurse verified that there was a delay in attending the resident's care needs when the resident was provided care one and a half hours later.

Failure to follow the resident's plan of care put them at risk for potential injury of altered skin integrity.

**Sources:** Inspector's discussion with the complainant; resident's care plan; and interview with staff.

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**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;

The licensee failed to ensure the home was kept clean and sanitary.

**Rationale and Summary**

Ceiling vent covers in the hallway outside a resident's room were noted to have an accumulation of dust.

In a resident's bedroom, brown splatters were observed on the electrical outlet surface.

In a resident's bedroom, the interior window had an unidentifiable dried brown matter which fell off after the Environmental Service Manager (ESM) ran their finger over it.

The radiator inside a resident's room was noted to have an accumulation of dust and brown splatters on the surface.

The ESM stated that the areas identified above were unsanitary and required cleaning.

Failure to ensure that the home was kept clean and sanitary posed a safety risk to the residents' rights to live in a clean environment.

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**Sources:** Inspector's observations; and interview with staff.

## WRITTEN NOTIFICATION: Duty to Protect

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

**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 licensee has failed to ensure that a resident was protected from physical abuse.

Section 2 of the Ontario Regulation 246/22 defines physical abuse as the use of physical force by anyone other than a resident that causes physical injury or pain.

### Rationale and Summary

A complaint and a CI report was submitted to the Director related to an alleged physical abuse of a resident from a PSW.

Two PSWs reported to a RPN that the resident was screaming in pain while another PSW was inside the resident's room. The RPN found the other PSW with the resident at bedside and assisted the PSW in providing care to the resident.

Written statement from the RPN submitted to the home indicated they witnessed the other PSW hit the resident twice during care. The RPN's pain assessment documentation indicated the resident was in pain.

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The RPN stated that during care, the resident was screaming and their body clenched when the other PSW hit the resident twice. The DOC stated that as per the description of the witnessed staff, hitting the resident twice was a form of physical abuse.

There was a risk to the resident when they were not protected from physical abuse.

**Sources:** Resident's point of care documentation, 72Hour Pain Monitoring Tool, Written statement from a RPN, Home's Investigation Notes, interviews with staff and DOC.

## **WRITTEN NOTIFICATION: Policy to Promote Zero Tolerance**

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

**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 licensee has failed to ensure that their written policy to promote zero tolerance of abuse and neglect involving a resident was complied with.

**Rationale and Summary**

A CI report and a complaint were received by the Director when a RPN reported to the home that they witnessed a PSW hit a resident twice during care.

The home's records indicated the PSW continued to provide care to the resident after the RPN witnessed the PSW hit the resident during care. The home's policy

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indicated that staff involved in any abuse will be suspended immediately until an investigation was completed.

The PSW stated that they provided care to the resident until the end of their shift. The RPN and DOC both stated the PSW should have been sent home immediately after the RPN witnessed the PSW hit the resident during care.

There was an increased risk of harm to the resident when the PSW continued to provide care after the RPN witnessed an alleged physical abuse.

**Sources:** Resident Non-Abuse ADMIN1-P10 (November 2023), Home's Investigation Notes, interviews with staff and DOC.

## **WRITTEN NOTIFICATION: Complaints procedure — licensee**

NC #006 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 licensee has failed to immediately forward to the Director a written complaint that they received concerning the care of a resident.

### **Rationale and Summary**

The home received a written complaint from a resident's family reporting concerns



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about improper treatment from staff to resident and also the lack of toileting care for the resident.

A review of the CI report records on the Ministry of Long-Term Care Homes Portal revealed that a CI report for this complaint was not submitted to the Director.

The home's Client Services Response (CSR) Form did not indicate that the complaint was forwarded to the Director. The DOC indicated that they were unable to recall if a CI for this complaint was submitted to the Director. The home was unable to provide any supporting information that the Director was informed of this written complaint.

Failing to inform the Director of a written complaint related to care concerns for the resident limited the Director's ability to act on the complaints where applicable.

**Sources:** Home's CSR Form; the Ministry of Long-Term Care Homes Portal; and interview with DOC.

**WRITTEN NOTIFICATION: Licensee must investigate, respond and act**

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

**Non-compliance with: FLTCA, 2021, s. 27 (1) (a) (i)**

Licensee must investigate, respond and act

s. 27 (1) Every licensee of a long-term care home shall ensure that,

(a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:

(i) abuse of a resident by anyone,

The licensee has failed to ensure that an alleged incident of abuse of a resident that

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was reported to the licensee was immediately investigated.

**Rationale and Summary**

Review of records and interview with the DOC indicated that a resident reported that the staff were aggressive and not gentle and hurting them when providing care.

The DOC acknowledged receipt of this complaint, and the home did not complete an investigation of the alleged incident, but should have.

Failure to ensure that an investigation occurred immediately into the alleged abuse of a resident by staff members may have put the resident at risk of experiencing similar situations.

**Sources:** Home's CSR Form; E-mail Correspondence between Complainant and Licensee; and interviews with DOC.

**WRITTEN NOTIFICATION: Transferring and Positioning  
Techniques**

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

**Non-compliance with: O. Reg. 246/22, s. 40**

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee has failed to ensure safe transferring and positioning techniques were used when assisting a resident.

**Rationale and Summary**

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A CI report was submitted by the home when a resident fell during a transfer and sustained an injury.

The resident required specific assistance for safe transferring. The PSW stated they noticed that the transfer equipment was not secured. The resident fell during the transfer, both PSWs transferred the resident manually from the floor back to bed instead of using a specialized equipment as per the home's policy.

There was an actual harm to the resident when staff failed to provide safe transferring and positioning techniques during the transfer and after the resident fell.

**Sources:** Resident's written plan of care, Home's Investigation Notes, Safe Resident Handling CARE6-O10.07 (March 31, 2024), interviews with PSWs.

## WRITTEN NOTIFICATION: Pain Management

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

**Non-compliance with: O. Reg. 246/22, s. 57 (1) 2.**

Pain management

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

2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.

The licensee has failed to ensure that their pain management program at a minimum provided for strategies to manage a resident's pain.

In accordance with O. Reg 246/22, s. 11. (1)(b), for new or worsened resident pain, registered staff to use Pro Re Nata (PRN) pain medication and notify physicians.

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Specifically staff did not comply with the home's pain policy requiring staff member to utilize PRN pain medication and notify physician if resident consistently reports pain.

**Rationale and Summary**

Two PSWs reported to an RPN that a resident was heard screaming in pain while another PSW was inside their room. The RPN went into the resident's room and found the PSW providing care to the resident.

The resident was on scheduled and PRN medications for pain. The resident's Pain Monitoring Tool indicated a pain scale of 8/10 post care . No scheduled or PRN pain medication was administered to the resident when staff reported they were in pain. The physician was not immediately notified of the resident's worsened pain.

The RPN stated they should have called the physician for the resident's worsened pain. The DOC stated staff were expected to call the physician if a resident required a PRN pain medication and to utilize PRN pain medication as required.

Failure of the nurse to administer PRN pain medication to the resident increased their risk related to worsened pain.

**Sources:** Resident's, Progress Notes, 72Hour Pain Monitoring, Medication Administration Record, Pain Assessment and Management CARE8-O10.01 (March 31, 2024), interviews with staff and DOC.

**WRITTEN NOTIFICATION: Housekeeping**

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 93 (2) (a) (i)**

Housekeeping

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s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

- (a) cleaning of the home, including,
- (i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and

The licensee failed to ensure that the home's housekeeping procedures were implemented for cleaning of the home, including, resident bedrooms.

**Rationale and Summary**

The home's housekeeping procedure titled "A Wing Daily Cleaning Routine", directed the housekeeping team to document the completion of deep cleaning completed.

A Housekeeping Aide (HA) and the ESM both indicated that the housekeeping team was given deep clean schedules, including resident rooms. The HA stated that they completed deep cleaning tasks as per the schedules. The home was unable to provide any supporting documentation that deep cleaning tasks were completed. The ESM acknowledged that the housekeeping team was supposed to document the completion of work.

The non-compliance created instances of unknown when these areas were last cleaned or completed as per schedule, and potentially impacting the residents' rights to live in a clean environment.

**Sources:** Home's housekeeping procedure "A Wing Daily Cleaning Routine"; interviews with staff and ESM.

**WRITTEN NOTIFICATION: Dealing with complaints**

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NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 108 (2) (f)**

Dealing with complaints

s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,

(f) any response made in turn by the complainant.

The licensee has failed to ensure that a documented record was kept in the home that included any response made in turn by the complainant regarding their written complaint.

**Rationale and summary**

Record review and staff interview confirmed the home had a follow up meeting with a resident's family member related to an allegation of abuse and care concerns.

A review of the home's Client Services Response (CSR) Form did not include record of any response made in turn by the complainant regarding their written complaint. The DOC stated that a record of the complainant response should have been kept by the home.

The non-compliance posed a risk for delay in addressing further concerns for the care of the resident.

**Sources:** Home's CSR Form; E-mail Correspondence between Complainant and Licensee; and interview with DOC.

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**Inspection Report Under the  
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