

**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:** June 20, 2025

**Inspection Number:** 2025-1073-0003

**Inspection Type:**

Complaint  
Critical Incident

**Licensee:** Kindera Living Care Centres LP by its general partners, Kindera Living Care Centres GP Inc. and Kindera Living Management Inc.

**Long Term Care Home and City:** Eatonville Care Centre, Etobicoke

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 9 - 13, 16 - 18, and 20, 2025

The following Critical Incident System (CIS) intake(s) were inspected:

- Intake: #00144630/CIS #2468-000024-25, Intake #00145233/CIS #2468-000027-25, Intake: #00147524/CIS #2468-000030-25, Intake: #00148381/CIS #2468-000031-25 and Intake: #00145620/CIS #2468-000029-25 related to disease outbreaks.
- Intake: #00144791/CIS #2468-000025-25/2468-000026-25 related to care concerns of a resident.
- Intake #00149190/CIS #2468-000032-25, related to medication management.

The following Complaint intake(s) were inspected:

- Intake: #00148289 related to care concerns of a resident.
- Intake: #00149233 and Intake: #00150182 related to air temperature.

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

Housekeeping, Laundry and Maintenance Services  
Medication Management  
Safe and Secure Home  
Infection Prevention and Control  
Prevention of Abuse and Neglect

## 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. 24 (2) 2.**

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.

The licensee has failed to ensure that the temperature was measured and documented in writing, at a minimum in one resident common area of the home included a lounge, dining area or corridor.

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The staff members acknowledged that the temperature on a specific home area was not measured and documented.

On June 17, 2025, the staff members informed the inspector that the Thermometer was moved to the home area to measure temperatures in one resident common area and this was confirmed by observation.

**Sources:** Observation, temperature measurements, interviews with staff members.

Date Remedy Implemented: June 17, 2025

## **WRITTEN NOTIFICATION: Cooling Requirements**

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

**Non-compliance with: O. Reg. 246/22, s. 23 (2) (e)**

Cooling requirements

s. 23 (2) The heat related illness prevention and management plan must, at a minimum,

(e) include a protocol for appropriately communicating the heat related illness prevention and management plan to residents, staff, volunteers, substitute decision-makers, visitors, the Residents' Council of the home, the Family Council of the home, if any, and others where appropriate. O. Reg. 246/22, s. 23 (2); O. Reg. 66/23, s. 3 (1).

The licensee has failed to ensure that the heat related illness prevention and management plan included a protocol for appropriately communicating the heat related illness prevention and management plan to residents, staff, volunteers, substitute decision-makers, visitors, the Residents' Council of the home, the Family Council of the home, if any, and others where appropriate.

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A review of the home's Hot Weather-Related Plan did not identify any communication protocol. A staff member acknowledged that the plan did not include a protocol for appropriately communicating the heat related illness prevention and management plan to stakeholders.

**Sources:** Review of 'Hot-weather Related Plan' and interview with the staff member.

## WRITTEN NOTIFICATION: Cooling Requirements

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

**Non-compliance with: O. Reg. 246/22, s. 23 (3)**

Cooling requirements

s. 23 (3) The heat related illness prevention and management plan for the home shall be evaluated and updated, at a minimum, annually in accordance with evidence-based practices. O. Reg. 246/22, s. 23 (3).

The licensee has failed to ensure that the heat related illness prevention and management plan for the home was evaluated and updated, at a minimum, annually in accordance with evidence-based practices.

The home's heat related illness prevention and management plan titled 'Hot-weather Related Plan' was not evaluated in the last year. The staff members acknowledged that the plan was not evaluated annually.

**Sources:** Review of 'Hot-weather Related Plan'; and interviews with staff members.

## WRITTEN NOTIFICATION: Air Temperature

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

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**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 licensee has failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius.

On two separate days, a resident's room temperature was measured below 22 degrees Celsius.

**Sources:** Observations and interviews with staff members.

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

NC #005 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 the Infection Prevention and Control (IPAC) Standard for Long Term Care Homes (LTCHs) issued by the Director was complied with.

The IPAC Standard for LTCHs indicated that at minimum, routine practices should include the proper use of Personal Protective Equipment (PPE), including the

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appropriate application.

On a specific date, a staff member did not wear the required PPE while providing care to a resident who was on additional precautions.

**Sources:** Observation, interviews with staff members.

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

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

**Non-compliance with: O. Reg. 246/22, s. 102 (11) (a)**

Infection prevention and control program

s. 102 (11) The licensee shall ensure that there are in place,

(a) an outbreak management system for detecting, managing, and controlling infectious disease outbreaks, including defined staff responsibilities, reporting protocols based on requirements under the Health Protection and Promotion Act, communication plans, and protocols for receiving and responding to health alerts; and

The licensee has failed ensure that an outbreak management system was in place for reporting infectious disease outbreaks based on requirements under the Health Protection and Promotion Act.

According to the home's Outbreak Management Policy, a potential respiratory outbreak is defined as three cases of acute respiratory illness occurring within 48 hours in a specific geographic area. Three residents on a home area presented with respiratory symptoms meeting the criteria for reporting a potential disease outbreak. However, the PHU was not notified as required.

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**Sources:** Home's outbreak management policy, residents' clinical records and interview with staff members.

## **WRITTEN NOTIFICATION: Administration of Drugs**

NC #007 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 licensee has failed to ensure an topical medication treatment was administered to a resident in accordance with the direction for use specified by the prescriber.

A registered staff member administered the treatment to the resident, however it was administered to the wrong site resulting in an adverse health outcome.

**Sources:** Resident's health records, and interviews with staff members.

## **WRITTEN NOTIFICATION: Residents Drug Regimes**

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

**Non-compliance with: O. Reg. 246/22, s. 146 (b)**

Residents' drug regimes

s. 146. Every licensee of a long-term care home shall ensure that,  
(b) appropriate actions are taken in response to any medication incident involving a resident, any incidents of severe hypoglycemia and unresponsive hypoglycemia

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and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and

The licensee has failed to ensure that appropriate actions were taken in response to an incident of unresponsive hypoglycemia involving a resident.

The licensee's protocol "Hypoglycemia Treatment Protocol" instructed that, if a resident became unconscious or unable to swallow, staff were required to administer a medication. If the resident remained unconscious after 15 minutes, the protocol directed staff to administer a second dose and call 911.

On a specific date, a resident experienced unresponsive hypoglycemia and did not receive the required second dose of medication, resulting in an adverse health outcome

**Sources:** Resident's clinical records, the home's Hypoglycemia Treatment Protocol and interviews with staff members.

## WRITTEN NOTIFICATION: CMOH and MOH

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

**Non-compliance with: O. Reg. 246/22, s. 272**

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The licensee has failed to ensure that the alcohol-based hand rub (ABHR) at a home area was not expired.



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"Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings" by Ministry of Health required that ABHRs must not be expired.

**Sources:** Observation, Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings (Ministry of Health, Effective: February 2025).