

**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 21, 2025

**Inspection Number:** 2025-1525-0001

**Inspection Type:**

Complaint  
Critical Incident

**Licensee:** The Governing Council of the Salvation Army in Canada

**Long Term Care Home and City:** Isabel and Arthur Meighen Manor, Toronto

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 9-10, 13-17, 21, 2025.

The following complaint intake was inspected:

- Intake #00129973 - related to palliative care

The following Critical Incident (CI) intakes were inspected:

- Intake #00131096 / CI #3031-000059-24 - related to resident to resident abuse
- Intake #00131181 / CI #3031-000058-24 - related to disease outbreak

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

Infection Prevention and Control  
Prevention of Abuse and Neglect  
Responsive Behaviours  
Palliative Care

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Responsive Behaviors

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

**Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)**

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee has failed to ensure that when a resident was demonstrating responsive behaviors, Behavioral Supports Ontario - Dementia Observation System (BSO-DOS) documentation monitoring was completed in its entirety.

**Sources:** Resident BSO-DOS monitoring tool; interview with staff

### WRITTEN NOTIFICATION: Infection prevention and control program

NC #002 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

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prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure the implementation of a standard issued by the Director with respect to infection prevention and control (IPAC).

The home has failed to ensure that there were posted signages at entrances and throughout the home in accordance with the "IPAC Standard for Long Term Care Homes September 2023" (IPAC Standard). On a specific date, signs were not posted 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 was suspected or confirmed in any individual as required by Additional Screening requirements 11.6 under the IPAC Standard.

**Sources:** Observations; interviews with staff

## WRITTEN NOTIFICATION: Reports re Critical Incidents

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

**Non-compliance with: O. Reg. 246/22, s. 115 (1) 5.**

Reports re critical incidents

s. 115 (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (5):

5. An outbreak of a disease of public health significance or communicable disease as defined in the Health Protection and Promotion Act.

The licensee failed to ensure that the Director was immediately informed of a disease outbreak that was declared by Toronto Public Health (TPH).

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**Source:** Critical Incident System (CIS) report #3031-000058-24; correspondence with Toronto Public Health (TPH)

**WRITTEN NOTIFICATION: CMOH and MOH**

NC #004 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 all applicable guidance, advice, or recommendations issued by the Chief Medical Officer of Health (CMOH) was complied with.

In accordance with the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, effective October 2024, alcohol-based hand rubs (ABHR) in use were not to be expired.

ABHR at the entrances of some resident rooms was expired.

**Sources:** Observations; Ministry of Health's Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, effective October 2024

**COMPLIANCE ORDER CO #001 Infection Prevention and Control Program**

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NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 102 (8)**

Infection prevention and control program

s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead. O. Reg. 246/22, s. 102 (8).

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

- (a) Retrain two staff members regarding the use of personal protective equipment (PPE) required for the care of residents on additional precautions; and one staff member on the types of PPE required in the course of performing their duties;
- (b) Retrain four staff members on the home's hand hygiene policy including the four moments of hand hygiene;
- (c) Audit hand hygiene practices on a specific home area twice a week for three weeks and include day, evening, and night shifts in the audits;
- (d) Audit hand hygiene practices for all housekeepers who work in resident home areas;
- (e) Maintain a record of the aforementioned trainings, including the dates, staff names and designation, signed attendance, training topics, and name and title of the person(s) who provided the training;
- (f) Maintain a record of the audits, including the dates and times of the audits, the name(s) of the auditor, the names and designation of staff audited, results of audits and actions taken.

**Grounds**

The licensee has failed to ensure that six staff members participated in the implementation of the home's IPAC program related to hand hygiene and the use of

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PPE.

On a specific date, two staff members were observed entering a home area without performing hand hygiene. One staff member went to a resident's room immediately after entering the unit and did not perform hand hygiene before entering and upon exiting the resident's room.

On the same day, a staff member was observed carrying bags of dirty laundry from an outbreak unit into the elevator. They then went into the adjacent unit on the same floor that was not in an outbreak. The staff member did not perform hand hygiene before or after exiting the outbreak unit and before entering the non-outbreak unit.

On a specific date, two staff members were observed providing direct care to a resident in room who was on droplet and contact precaution (DCP). The signage on the resident's door directed staff to wear a mask, eye protection, a gown, and gloves before entering the resident's room. Both staff wore a mask, a gown and disposable gloves but did not wear eye protection.

On the same day, a staff member was on an outbreak unit without wearing the required face mask. Signage at the entrance into the home and each unit stated that masking was required in all resident home areas.

On a specific date, the same staff member was observed cleaning a resident room wearing a surgical mask and a pair of disposable gloves, while the resident on DCP was in the room. The housekeeper then exited the room and headed down the hallway while still wearing the same disposable gloves.

**Sources:** Observations; Signage on the resident room doors; Hand hygiene policy (Policy: 13.18, Revised June 29, 2024.)

**This order must be complied with by** March 31, 2025

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

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## 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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)



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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, 9<sup>th</sup> Floor

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**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).