

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: November 3, 2025

Inspection Number: 2025-1494-0005

Inspection Type:

Complaint

Licensee: Ukrainian Home for the Aged

Long Term Care Home and City: Ivan Franko Home (Etobicoke), Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 29 - 31, 2025 and November 3, 2025

The following intake was inspected:

Intake: #00159749 was a Complaint related to a resident's care.

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

Resident Care and Support Services Continence Care

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 (9) 1.

Plan of care

- s. 6 (9) The licensee shall ensure that the following are documented:
- 1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that a specific type of care provided to a resident was documented.



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Sources: Resident's health care records and interview with a staff member.

WRITTEN NOTIFICATION: Continence care and Bowel management

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (a)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence.

The licensee has failed to ensure that a resident received a continence assessment using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence.

The home's continence care program policy required staff to complete continence assessments in the home's electronic health record system at designated intervals. However, these assessments were not completed for the resident as required by the home's policy.

Sources: The home's policy, resident's health records and interview with a staff member.