

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 28, 2025

Inspection Number: 2025-1562-0001

Inspection Type:

Critical Incident

Licensee: City of Toronto

Long Term Care Home and City: Kipling Acres, Etobicoke

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 20, 21, 22, 23, 24, 27, and 28, 2025.

The following intake(s) were inspected:

- Intake: #00131451 / M545-000050-24 and Intake: #00137174 / M545-000005-25, were related to staff to resident abuse.
- Intake: #00131559 / M545-000051-24, was related to a resident fall resulting in an injury.
- Intake: #00132860 / M545-000054-24, was related to resident-to-resident abuse.
- Intake: #00133816 / M545-000056-24, was related to a disease outbreak.

The following intakes were completed in this inspection:

- Intake: #00135672 / M545-000057-24 and Intake: #00136896 / M545-000003-25, were related to a resident fall resulting in an injury.
- Intake: #00136467 / M545-000001-25, was related to a disease outbreak.

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

- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Staffing, Training and Care Standards
- Falls Prevention and Management

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. 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 alcohol-based hand sanitizing wipes being used to support residents with hand hygiene before meals were not expired as recommended by the Chief Medical Officer of Health (CMOH).

An expired container of hand sanitizing wipes used to clean residents' hands before lunch was observed on a resident home area (RHA). The wipes expired November 2024. On January 21, 2025, the expired hand sanitizing wipes were removed by staff from the RHA.

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Sources: Observation on January 21, 2025, review of Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, effective: April 2024, and interviews with staff.

[707428]

Date Remedy Implemented: January 21, 2025

WRITTEN NOTIFICATION: Residents' Bill of Rights

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

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

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:

3. Every resident has the right to have their participation in decision-making respected.

The licensee has failed to ensure that a resident's right to have their participation in decision-making was respected when a Registered Practical Nurse (RPN) brought the resident to the nursing station regardless of the resident requesting to stay in/close to their room on a date in November 2024.

Sources: The home's investigation notes and interviews with staff.

[741673]

WRITTEN NOTIFICATION: Protection from certain restraining

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

Non-compliance with: FLTCA, 2021, s. 34 (1) 1.

Protection from certain restraining

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s. 34 (1) Every licensee of a long-term care home shall ensure that no resident of the home is:

1. Restrained, in any way, for the convenience of the licensee or staff.

The licensee has failed to ensure that a resident was not restrained in any way for the convenience of the licensee or staff. On a day in November 2024, a RPN utilized a function of the resident's assistive device to prevent the resident from rising. This caused the resident to be physically restrained against their wishes and without a medical directive and appropriate documentation.

Sources: The home's investigation notes, the home's policy "Restraining Devices" RC-0518-05 published January 2019, and interviews with staff.

[741673]

WRITTEN NOTIFICATION: Responsive Behaviours

NC #004 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 assessments and interventions were documented, when a resident demonstrated a responsive behaviour.

A resident demonstrated a new responsive behaviour, towards a co-resident. At the time of the occurrence, an assessment was not completed and documented for the resident, and no responsive behaviour interventions were implemented.

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Sources: Resident's clinical records, the home's Behavioural Response – Care Strategies Policy (Policy #RC-0517-00) published on September 15, 2022, and interviews with staff.

[707428]

WRITTEN NOTIFICATION: Infection Prevention and Control

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 the implementation of a standard issued by the Director with respect to infection prevention and control (IPAC).

(A) The home has failed to ensure that staff were performing hand hygiene at the four moments of hand hygiene in accordance with the "IPAC Standard for Long Term Care Homes September 2023" (IPAC Standard), as required by Routine Practices and Additional Precautions requirements 9.1 (b).

Three staff members did not perform hand hygiene before, in between and after contact with multiple residents and their environment.

(B) The home has failed to ensure staff were properly using personal protective equipment (PPE), including appropriate selection, application, removal and disposal, in accordance with the "IPAC Standard for Long Term Care Homes September 2023" (IPAC Standard), as required by Routine Practices and Additional Precautions requirements 9.1 (d).

A staff member was not wearing their surgical mask on a RHA, as per the home's

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implementation of mandatory masking for all staff and visitors, effective December 16, 2024.

Sources: Observations on January 20 and 21, 2025, the home's Hand Hygiene Policy (Policy #IC-0606-01) published on January 6, 2021, the home's Routine Practices Policy (Policy #IC-0501-00) published on January 7, 2015, and interviews with staff.

[707428]