

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: July 14, 2025

Inspection Number: 2025-1562-0006

Inspection Type:

Proactive Compliance Inspection

Licensee: City of Toronto

Long Term Care Home and City: Kipling Acres, Etobicoke

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 7-11, 2025

The following intake(s) were inspected:

- Intake: #00147099 - Proactive Compliance Inspection (PCI)

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Residents' and Family Councils
Food, Nutrition and Hydration
Medication Management
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices

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Pain 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: FLTCA, 2021, s. 85 (3) (c)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;

The licensee has failed to ensure that the most recent version of the home's "Zero Tolerance of Abuse and Neglect" policy was posted in the home. During the inspection the inspector observed that the home had posted a copy of policy RC-0305-00 Zero Tolerance of Abuse and Neglect, published June 2021.

Sources:

Observation of the home's mandatory postings during the inspection.

During the inspection the inspector observed that the Zero Tolerance of Abuse and Neglect policy posted in the home had been updated to the most recent version,

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dated July 2024.

Date Remedy Implemented: July 9, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 85 (3) (f)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(f) the written procedure, provided by the Director, for making complaints to the
Director, together with the contact information of the Director, or the contact
information of a person designated by the Director to receive complaints;

The licensee has failed to ensure that the most recent version of the written
procedure and contact information for making complaints to the Director was
posted in the home. The version posted in the home was published in 2014 and
referenced the Long-Term Care Homes Act, 2007, which was revoked as of April 11,
2022.

Sources:

Observation of the home's mandatory postings during the inspection.

During the inspection the inspector observed that the most recent version of the
home's written procedure and contact information for making complaints to the
Director was posted in the home.

Date Remedy Implemented: July 9, 2025

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 85 (3) (r)

Posting of information

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s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(r) an explanation of the protections afforded under section 30; and

The licensee has failed to ensure that the most up-to-date version of the whistle blowing protections provided by the Fixing Long-Term Care Homes Act, 2021, were posted in the home. Specifically, the Whistle Blowing Protections posted in the home were the ones provided under the Long-Term Care Homes Act, 2007 which was revoked as of April 11, 2022.

Sources:

Observations of the posted Whistle-Blowing Protections in the home.

During the inspection the inspector observed that the home's posted whistle blowing protections had been updated and now referenced the Fixing Long-Term Care Homes Act, 2021.

Date Remedy Implemented: July 9, 2025

NC #004 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 271 (1) (e)

Website

s. 271 (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,
(e) the current report required under subsection 168 (1);

The licensee has failed to ensure that the home's website contained the complete current report required under Ontario Regulation 246/22 s. 168 (1). Specifically, the licensee failed to ensure that the home's continuous quality improvement initiative (CQI) report, also known as the Your Opinion Counts survey, posted on the website contained the full results of the survey administered in September 2024.

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According to Ontario Regulation 246/22 s. 168 (2) 5. (ii), the CQI report must contain a written record of the results of the survey taken during the fiscal year.

Sources:

Review of the home's website www.toronto.ca/community-people/housing-shelter/rental-housing-tenant-information/finding-housing/long-term-care-homes/long-term-care-home-locations/kipling-acres/

During the inspection the inspector reviewed the home's website and found that the results of the Your Opinion Counts Resident and Family Survey had been posted.

Date Remedy Implemented: July 11, 2025

WRITTEN NOTIFICATION: Powers of Residents' Council: Duty to respond

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

Non-compliance with: FLTCA, 2021, s. 63 (3)

Powers of Residents' Council

s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

The licensee has failed to ensure that when the Residents' Council advised the licensee of concerns or recommendations under the Fixing Long-Term Care Homes Act (FLTCA), 2021, s. 63 (1) 6. for operational concerns in the home, that the Residents' Council was provided a response in writing within 10 days of making the

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concern.

The home's Residents' Council brought forward operational concerns at eight Residents' Council meetings from July 2024 to June 2025, as recorded in the meeting minutes. The inspector requested the written responses given to the council regarding these operational concerns but was not provided them. According to the Residents' Council liaison, written responses to the operational concerns were not provided to the council within 10 days of the concerns being brought forward.

Sources:

Residents' Council meeting minutes;

Interviews with the Residents' Council liaison and the Assistant Administrator.

WRITTEN NOTIFICATION: Powers of Family Council: Duty to respond

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

Non-compliance with: FLTCA, 2021, s. 66 (3)

Powers of Family Council

s. 66 (3) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing.

The licensee has failed to ensure that when the Family Council advised the licensee of concerns or recommendations under FLTCA, 2021, s. 66 (1) 8. for operational concerns in the home, that the Family Council was provided a response in writing within 10 days of making the concern.

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The home's Family Council brought forward operational concerns at the Family Council meetings at seven Family Council meetings from July 2024 to June 2025, as recorded in the meeting minutes. The inspector requested the written responses given to the council regarding to these operational concerns but was not provided them. According to the Family Council liaison, written responses to the operational concerns were not provided to the council within 10 days of the concerns being brought forward.

Sources:

Family Council meeting minutes;

Interviews with the Family Council liaison and the Assistant Administrator

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

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