

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: September 5, 2025

Inspection Number: 2025-1322-0004

Inspection Type:

Complaint
Critical Incident

Licensee: 2063414 Investment LP, by its general partner, 2063414 Ontario Limited

Long Term Care Home and City: Deerwood Creek Community, Etobicoke

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 28, 29, 2025 and September 2-5, 2025

The following intake(s) were inspected in this Critical Incident (CI) inspection:
- Intake: #00150762- CI #2837-000024-25 and #00152580 - CI #2837-000028-25 were related to Fall Prevention and Management Program.
- Intake: #00151405 - CI #2837-000026-25 - Allegations of physical abuse.

The following intake(s) was inspected in this Complaint inspection:
- Intake: #00155406 was related to improper transferring and positioning, and staff education.

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

Prevention of Abuse and Neglect
Falls Prevention and Management

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 (7)

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Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set out in a resident's plan of care was provided to the resident as specified in the plan.

A resident sustained a fall that resulted in a negative health outcome. The resident's plan of care directed staff to place the fall prevention device in a specified location, however prior to the incident, the device was not placed in the location specified in the plan.

Sources: Review of the resident's clinical records and video surveillance; interviews with a Personal Support Worker (PSW) and the interim Director of Care (DOC).

WRITTEN NOTIFICATION: Reporting certain matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to immediately report an allegation of physical abuse of a resident to the Director.

In accordance with s. 28 (1) 2 of the Fixing Long-Term Care Act, and pursuant to s. 154 (3), the licensee is vicariously liable for staff members failing to comply with s. 28 (1).

A staff member was made aware of an alleged incident of abuse to a resident; however, it was not reported to the Director immediately.

Sources: Review of the home's investigation notes, the resident's clinical records, and interviews with the PSW and Assistant Director of Care (ADOC).

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WRITTEN NOTIFICATION: Transferring and Positioning Techniques

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

Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee has failed to ensure that staff used safe transferring and positioning devices or techniques when assisting a resident.

A resident fell and sustained injuries. Following the incident, staff did not adhere to the home's safe transferring protocols when moving the resident off the floor. The interim DOC acknowledged that not following the home's transferring protocol when moving the resident from one surface to another placed the resident at risk of further injury.

Sources: The resident's clinical records, home's investigation notes and Zero lift and Protocol Policy; Interviews with a Registered Nurse (RN), a PSW, and the interim DOC.

WRITTEN NOTIFICATION: Required Programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee has failed to ensure that the fall prevention and management program was implemented for a resident.

In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee is required to ensure that written policies developed for the falls prevention and management program were

complied with.

Specifically, staff did not comply with the program where it required staff to implement the fall interventions in place for a resident.

Sources: Falls Prevention & Management Policy, the resident's clinical records and interviews with the interim DOC.



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

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