

### **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 30, 2025

**Inspection Number:** 2025-1359-0005

**Inspection Type:** 

Complaint

Critical Incident

Licensee: 2063414 Ontario Limited as General Partner of 2063414 Investment LP

Long Term Care Home and City: Weston Terrace Community, Toronto

## **INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): July 24, 25, 28, 29, 30, 2025

The following intake(s) were inspected:

-Intake: #00148870/ Critical Incident System (CIS) #2874-000030-25 and intake: #00150062/ CIS #2874-000034-25 - related to a disease outbreak.

-Intake: #00149505/ CIS #2874-000033-25 and intake: #00150707/ CIS #2874-000037-25- related to an unwitnessed fall of a resident resulting in an injury.

-Intake: #00150261 Complaint – related to pest control.

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

Housekeeping, Laundry and Maintenance Services Infection Prevention and Control Falls Prevention and Management



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## **INSPECTION RESULTS**

### **WRITTEN NOTIFICATION: CMOH and MOH**

NC #001 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 hand sanitizer products were not expired as per applicable directives issued by the Chief Medical Officer of Health (CMOH).

Two expired bottles of hand sanitizer were observed outside of two residents' rooms on droplet contact precautions (DCP). The resident home area (RHA) was on a suspected respiratory outbreak at the time of the observation.

Infection Prevention and Control Lead (IPAC) Lead acknowledged that staff should not be using expired hand sanitizer products to perform hand hygiene.

**Sources:** Inspector's observation, review of Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, effective: April 2024, and interview with the IPAC Lead.

# COMPLIANCE ORDER CO #001 Infection Prevention and Control Program



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NC #002 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)]:

The licensee shall:

- 1) Provide training to the three identified Personal Support workers (PSWs) on the IPAC Standard for Long-Term Care Homes (rev. Sept. 2023) routine practices, specifically:
- Section 9.1 (b) related to hand hygiene, including, but not limited to, at the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after bodily fluid exposure risk, and after resident/resident environment contact).
- 2) Provide training to the specified PSW on the IPAC Standard for Long-Term Care Homes (rev. Sept. 2023) routine practices, specifically:
- Section 9.1 (f) related to additional personal protective equipment (PPE) requirements, including appropriate selection, removal and disposal.
- 3) Document and maintain a written record of the training provided, including the date(s) training was held, an overview of the topics covered, method of delivery, the name and credentials of the staff member who provided the training, the name and credentials of the staff member receiving the training, and the recipient staff's



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signature that they understood the training provided.

- 4) Conduct random weekly audits at minimum three times a week, to observe PSWs donning and doffing PPE and performing hand hygiene, including the three identified PSWs, for a minimum of four weeks.
- 5) Maintain a record of the audits completed, including date, shift time, name of person completing the audit, observations made, and content of on-the-spot education provided and/or other corrective actions taken where required.
- 6) Retain all records until the MLTC has deemed this order has been complied.

#### **Grounds**

The licensee has failed to ensure that three PSWs participated in the implementation of the IPAC program.

- (i) During a dining observation, two PSWs were observed assisting residents with their mobility aids to the dining room. The PSWs did not perform hand hygiene after coming into contact with the resident's environment, and before assisting another resident.
- (ii) During an observation, there was a suspected outbreak on a RHA. A PSW was observed entering a resident's room on DCP without wearing a face shield. Upon exiting the resident's room, the PSW removed their gloves and surgical mask, and did not perform hand hygiene before applying a new surgical mask.

**Sources:** Inspector observations, the home's policy titled Hand Hygiene, the home's policy titled Personal Protective Equipment and interview with the IPAC Lead.



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This order must be complied with by October 27, 2025



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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



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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



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151 Bloor Street West, 9<sup>th</sup> Floor Toronto, ON, M5S 1S4

#### **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

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.