

**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

## Amended Public Report Cover Sheet (A1)

**Amended Report Issue Date:** May 16, 2025

**Original Report Issue Date:** May 5, 2025

**Inspection Number:** 2025-1402-0002 (A1)

**Inspection Type:**

Complaint  
Critical Incident  
Follow up

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

**Long Term Care Home and City:** Norfinch Community, North York

## AMENDED INSPECTION SUMMARY

This report has been amended to:

Compliance Order (CO) #001 was amended to correct the date mentioned in the grounds from section (ii) of the licensee report. The CO #001 is being newly issued in this Amended Inspection Report, with a served date of May 16, 2025.

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## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 22, 24-25, 28-30, 2025 and May 1-2, 5, 2025.

The following intake(s) were inspected in this complaint inspection:

- Intake: #00139629 - related to alleged staff to resident financial abuse.

The following intake(s) were inspected in this Critical Incident (CI) inspection:

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- Intake: #00138845/CI #2918-000003-25, #2918-000005-25 -related to alleged staff to resident abuse.
- Intake: #00141063/CI #2918-000009-25 - related to an injury of unknown cause.
- Intake: #00141657/ CI #2918-000010-25 - related to fall prevention and management.

The following intake(s) were inspected:

- Intake: #00141020 - Follow-up on Compliance Order(CO)# 001 related to IPAC from Inspection #2025-1402-0001.

**Previously Issued Compliance Order(s)**

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2025-1402-0001 related to O. Reg. 246/22, s. 102 (8)

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

Resident Care and Support Services  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Falls Prevention and Management

**AMENDED INSPECTION RESULTS**

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## WRITTEN NOTIFICATION: Plan Of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 6 (4) (a)**

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

The licensee has failed to ensure that staff and others involved in the different aspects of care of a resident collaborated with each other in the assessment of the resident so that their assessments were integrated and were consistent with and complemented each other.

Two Personal Support Workers (PSWs) used a specific device not indicated in the resident's care plan when they displayed a change in their condition, and they did not inform the nurse before using the device as per the home's policy.

Subsequently, the resident was transferred to the hospital and diagnosed with a health condition.

**Sources:** Critical Incident System (CIS) Report; the home's policy "Safe Resident Handling"; resident's care plan; resident's progress notes; home's investigation notes; and interviews with PSW's and the Director of Care (DOC).

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## WRITTEN NOTIFICATION: Falls prevention and management

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

**Non-compliance with: O. Reg. 246/22, s. 54 (1)**

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee has failed to ensure that the home's falls prevention and management program which provided for strategies to reduce or mitigate falls was followed for a resident.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee was required to ensure the home had in place a falls prevention and management program to reduce the incidents of falls and the risk of injury and ensure that it was complied with.

Specifically, the home failed to comply with its fall prevention and management policy when the resident's fall prevention intervention was not implemented as per the home's policy.

**Sources:** Inspector's observation; review of resident's care plan; home's policy titled " Falls Prevention & Management"; and interviews with the PSW and Registered Practical Nurse (RPN).

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## **WRITTEN NOTIFICATION: Additional training — direct care staff**

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

**Non-compliance with: O. Reg. 246/22, s. 261 (1) 1.**

Additional training — direct care staff

s. 261 (1) For the purposes of paragraph 6 of subsection 82 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

1. Falls prevention and management.

The licensee has failed to ensure that staff who provided direct care to residents completed their training related to falls prevention and management.

A PSW did not receive falls prevention and management training following their hire in December 2025.

**Sources:** Records provided by the home; and Interview with the Assistant Director Of Care (ADOC).

## **COMPLIANCE ORDER CO #001 Plan of care**

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: FLTCA, 2021, s. 6 (7)**

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 inspector is ordering the licensee to comply with a Compliance Order**

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**[FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

1. Conduct at minimum, three random audits weekly for a period of four weeks following the service of this order on the night shift for specified residents, to ensure these residents are provided with the required level of assistance with Activities of Daily Living (ADLs) as per their care plans.
2. Maintain a documented record of audits conducted in section one, to include but not be limited to: date and time of audit, resident name, staff name(s), ADL type and level of assistance required/provided, results of the audit and any corrective action taken in response to the audit.
3. Develop and implement an action plan to ensure a specific resident's preference for a specified gender PSW is provided as indicated in their care plan, including provisions for when specified gender PSWs are not available to care for the resident.
4. Maintain a record of the action plan in section three, identify staff roles and responsibilities, and a timeline for the implementation of each component mentioned within the compliance due date.
5. Provide re-education to specified PSW's and all night PSWs on the specified home area on the home's care plan policy and the importance of adhering to the resident's care plan.
6. Maintain a record of the training provided in section five, including the date and time, who conducted the training, and name of staff who attended the training.

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**Grounds**

The licensee has failed to ensure that care set out in the care plan was provided to specified residents as specified in their plans.

(A) The resident's care plan indicated that they required a specific level of staff assistance for repositioning in bed and personal hygiene support.

(i) A PSW failed to provide the required level of assistance when they repositioned and performed personal care on the resident.

(ii) Another PSW failed to provide the required level of assistance when they performed personal care on the resident on multiple occasions.

The resident was later transferred to the hospital and diagnosed with a health condition.

**Sources:** CIS Report; resident's clinical records; home's investigation notes; and interviews with PSW's and the DOC.

(B) The resident's care plan specified that personal care was to be provided by PSWs of a specified gender only. However, the care plan was not followed on multiple occasions. Additionally, the care plan specified the level of assistance required for personal care of the resident, but the PSW stated that they did not follow the care plan when they provided care to the resident.

**Sources:** Resident's care plan, Point Of Care (POC) from specific dates and interview with PSW.



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**This order must be complied with by July 11, 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

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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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:

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**Health Services Appeal and Review Board**

Attention Registrar  
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](mailto: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](http://www.hsarb.on.ca).