

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 12, 2026

Inspection Number: 2026-1317-0001

Inspection Type:
Proactive Compliance Inspection

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

Long Term Care Home and City: Harmony Hills Community, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 5-9, 12, 2026

The following intake(s) were inspected:

- Intake: #00166598 - Proactive Compliance Inspection

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

Medication Management
Food, Nutrition and Hydration
Infection Prevention and Control

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 (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

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The resident's intake was low for a period. A referral to the Registered Dietitian was not placed at that time; therefore, a nutritional assessment was not completed.

The registered Dietitian confirmed that a Dietitian referral should have been sent.

Sources: Resident's clinical records, referral to RD and/or Director of Dietary Services policy and interview with the RD.

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary;
or

The resident's plan of care was not revised when the resident's diet order changed. A Registered Practical Nurse confirmed the plan was not revised and that it should have been.

Sources: Resident's clinical records and interviews with the RPN.

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #003 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).

In accordance with the "Infection Prevention and Control (IPAC) Standard for Long Term Care Homes April 2022" (IPAC Standard) as required by Additional Precaution 9.1(d) under the IPAC Standard, staff did not perform hand hygiene upon existing a resident's room.

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It was observed and confirmed during an interview with the student that hand hygiene was not performed when exiting a resident's room and entering another resident's room.

Sources: Observations, review of IPAC Standards and interview with the student.