

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: February 27, 2025

Inspection Number: 2025-1280-0002

Inspection Type:

Other
Critical Incident
Follow up

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

Long Term Care Home and City: Midland Gardens Community, Scarborough

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: February 24, 25, 26, 27, 2025

The following intakes were inspected:

- Intake: #00134307 - Critical Incident System (CIS) #2789-000048-24 - related to an alleged incident of staff to resident neglect;
- Intake: #00134904 - related to follow-up of Compliance Order (CO) #001 from inspection #2024-1280-0004;
- Intake: #00134927 - CIS #2789-000049-24 - related to an alleged incident of improper care;
- Intake: #00136661 - CIS #2789-000003-25 - related to an injury of an unknown cause;
- Intake: #00139214 - related to the home's emergency planning annual attestation.

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2024-1280-0004 related to O. Reg. 246/22, s. 51

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

- Resident Care and Support Services
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards

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. 6 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

The licensee failed to ensure a resident's plan of care provided clear directions to staff related to continence care. The resident's plan of care provided different directions to the staff on the number of staff required for their continence care.

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On February 26, 2025, the resident's plan of care was updated to indicate the correct number of staff required for their continence care.

Sources: A resident's care plan; Interview with the ADOC and a Personal Support Worker (PSW).

Date Remedy Implemented: February 26, 2025

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (8)

Plan of care

s. 6 (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

The licensee failed to ensure a PSW was made aware of the contents of a resident's plan of care, prior to providing direct care to them. The PSW stated that they were not familiar with a resident's care needs and did not review the resident's written plan of care prior to giving them care.

Source: Interview with a PSW.

WRITTEN NOTIFICATION: Continence care and bowel management

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (e)

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Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(e) continence care products are not used as an alternative to providing assistance to a person to toilet;

The licensee has failed to ensure that continence care products were not used as an alternative to providing assistance to toileting a resident. A resident was found with two continence care products while they were soiled. The ADOC stated that a PSW utilized the continence care products in order to not provide toileting assistance to the resident.

Sources: Home's investigation notes related to this incident; Interview with a PSW and the ADOC.

WRITTEN NOTIFICATION: Pain management

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

Non-compliance with: O. Reg. 246/22, s. 57 (2)

Pain management

s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The licensee failed to ensure that when a resident's pain was not relieved by initial interventions, a resident was assessed utilizing an appropriate pain assessment tool. The home's pain policy indicates that an electronic pain assessment tool would be utilized if pain was not relieved with initial interventions. The resident was diagnosed with an injury which resulted in them experiencing pain. A Registered Practical Nurse (RPN) acknowledged that the home's pain assessment tool was not utilized to assess this resident's pain and one should have been used given what the resident

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experienced.

Sources: Review of a resident's assessments and progress notes; Home's policy titled, "Pain & Symptom Management, VII-G-30.30", dated October 2024; Interview with the RPN.

WRITTEN NOTIFICATION: Attestation

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

Non-compliance with: O. Reg. 246/22, s. 270 (3)

Attestation

s. 270 (3) The licensee shall ensure that the attestation is submitted annually to the Director.

The licensee failed to ensure that the attestation for emergency planning was submitted annually to the Director. The Senior Executive Director confirmed that the home's emergency planning attestation form was not submitted to the Director annually within 2024.

Sources: Home's emergency planning attestation form; Interview with the Senior Executive Director.

COMPLIANCE ORDER CO #001 Plan of care

NC #006 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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IFLTCA, 2021, s. 155 (1) (a):

The license shall:

1. Ensure PSW #105 reviews a specified resident's plan of care. Maintain a copy of the documentation supporting that the PSW has reviewed the resident's plan of care.
2. Conduct three random and unannounced audits on PSW #105 while they provide care to a resident to ensure that the PSW adheres to the resident's plan of care.
3. Maintain a documented record of the audits conducted, including the date of the audits and the persons present at the time of the audit, including the auditor. The audit must identify any gap(s) in which the practices did not align with the resident's plan of care and the actions taken to address these gap(s).

Grounds

The licensee failed to ensure that the care set out in two residents' plan of care were provided by two different PSWs.

i). A resident sustained a fall with an injury and was sent to the hospital due to their medical condition. A PSW stated they were providing care to the resident that did not align with their plan of care. The ADOC stated that based on a number of various factors, they believed that the resident was likely receiving care from the PSW in a manner that did not align with the resident's plan of care and resulted in their injury and hospitalization.

Failure to ensure that staff followed the resident's plan of care resulted in an injury and potential further health complications.

Sources: The home's investigation notes; A resident's care plan; Interviews with a PSW and the ADOC.

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ii). A resident sustained an injury after they were hospitalized. Prior to the hospitalization, a PSW had provided continence care to the resident that did not align with the resident's plan of care. The PSW acknowledged they failed to follow the resident's plan of care when they provided continence care.

Failure to ensure that staff follow the resident's care plan may contribute to further injuries to the resident.

Sources: Interview with a PSW and the Director of Care (DOC); A resident's progress notes and care plan; Home's investigation notes.

This order must be complied with by April 7, 2025

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Compliance Order CO #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

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Compliance History:

Compliance Order issued on November 3, 2023, under Inspection #2023-1280-0006;
Written Notification issued on December 18, 2024, under Inspection #2024-1280-0004;
Written Notification issued on July 29, 2024 under Inspection #2024-1280-0002;
Written Notification issued on April 19, 2024 under Inspection #2024-1280-0001;
Written Notification issued on August 21, 2023 under Inspection #2023-1280-0005.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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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, 8th 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
151 Bloor Street West, 9th Floor

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Director

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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.