Ontario

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

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Toronto District
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Public Report

Report Issue Date: February 21, 2025

Inspection Number: 2025-1280-0001

Inspection Type:
Proactive Compliance Inspection

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 date(s): February 6, 7, 10, 11, 12, 13, 14, 18, 19, 20, 21, 2025

The following intake(s) were inspected:

- Intake: #00138962 - Proactive Compliance Inspection

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Medication Management
Food, Nutrition and Hydration
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Residents' Bill of Rights

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 3 (1) 19. iv.
Residents' Bill of Rights
s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
19. Every resident has the right to,
iv. have their personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to their records of personal health information, including their plan of care, in accordance with that Act.

The licensee has failed to ensure that every resident, had their personal health information kept confidential in accordance with the Personal Health Information Act, 2004.

A Ministry of Long-Term Care inspection report - Licensee copy, was observed in the Ministry of Health (MOH) binder posted near the front entrance for the public to review.

Source: Observation of MOH binder.

WRITTEN NOTIFICATION: Plan of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
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 licensee has failed to provide care set out in the plan of care related to food and hydration for two residents.

The residents' plan of care stated to offer specific food and hydration to the residents. During an observation the residents were not offered the food and hydration as per plan of care.

Source: Residents' clinical records and observation.

WRITTEN NOTIFICATION: Family Council

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 43 (5) (a)
Resident and Family/Caregiver Experience Survey
s. 43 (5) The licensee shall ensure that,
(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (4);

The licensee has failed to ensure the results of the resident and family/caregiver survey were made available to the Family Council (FC) to seek their advice.

The FC stated that the results of the survey were not made available to the FC. The FC meeting minutes did not include copies of the resident and family survey, and the home was unable to provide documentation that the survey was made available to the FC.

Sources: FC meeting minutes and interview with FC.

WRITTEN NOTIFICATION: Family Council

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 43 (5) (b)
Resident and Family/Caregiver Experience Survey
s. 43 (5) The licensee shall ensure that,
(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any;

The licensee failed to ensure that an action plan based on results from a resident and family/caregiver experience survey were made available to the FC.

The FC stated that the results of the survey were not made available to the FC. The FC meeting minutes did not include copies of the resident and family survey action plan, and the home was unable to provide documentation that the action plan was made available to FC.

Sources: FC meeting minutes and interview with FC.

WRITTEN NOTIFICATION: Family Council

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 65 (7) (b)
Family Council
s. 65 (7) If there is no Family Council, the licensee shall,
(b) convene semi-annual meetings to advise such persons of the right to establish a Family Council.

The licensee has failed to ensure that semi-annual meetings were held to advise residents' families and persons of importance to residents of the right to establish a

FC in the home when the previous FC disbanded.

The Resident and Family Experience Co-ordinator (RFEC) indicated one meeting was convened to advise of such rights to establish a FC.

Sources: FC meeting minutes and interview with RFEC.

WRITTEN NOTIFICATION: Family Council

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 66 (1) 7. i.
Powers of Family Council
s. 66 (1) A Family Council of a long-term care home has the power to do any or all of the following:
7. Review,
i. inspection reports and summaries received under section 152,

The licensee has failed to ensure that the FC was provided with inspection reports and summaries to review as received under section 152 of FLTCA, 2021.

The FC meeting minutes did not include copies of Ministry of Long-Term Care Inspection Reports for inspections, as confirmed by the FC and Senior Executive Director (SED).

Sources: Review of FC meeting minutes and interview with the FC and SED.

WRITTEN NOTIFICATION: Doors in a home

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.
Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure that all doors leading to non-residential areas were kept locked when not supervised by staff. The utility room door in a resident home area was left open and unlocked when it was not supervised by staff.

Sources: Observations; and interview with Personal Support Worker (PSW).

WRITTEN NOTIFICATION: Air temperature

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (1)
Air temperature
s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The licensee has failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius. The home's air temperature logs documented multiple days where temperature readings were below 22 degrees Celsius.

Sources: Home's air temperature logs; and interview with Director of Environmental Services (DES).

WRITTEN NOTIFICATION: Air temperature

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (2)

Air temperature
s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:
1. At least two resident bedrooms in different parts of the home.
2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.
3. Every designated cooling area, if there are any in the home.

The licensee has failed to ensure that the temperature was measured and documented in writing, at a minimum in the following areas of the home: at least two resident bedrooms in different parts of the home, one resident common area on every floor of the home, and designated cooling areas in the home. Review of the home's air temperature logs did not include documentation on multiple days, for the required areas throughout the home.

Sources: Home's air temperature logs; and interview with DES.

WRITTEN NOTIFICATION: Air temperature

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (3)
Air temperature
s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee has failed to ensure that the temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. Review of the home's air temperature logs did not include documentation for the designated

times, as they were not recorded.

Sources: Home's air temperature logs; and interview with DES.

WRITTEN NOTIFICATION: General requirements

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.
General requirements
s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:
4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee has failed to ensure that the pain management and palliative care programs included a written record of the evaluation, and the names of the persons who participated in the evaluation.

Sources: Pain Management and Palliative Care Program evaluation; and interview with Assistant Director of Care (ADOC).

WRITTEN NOTIFICATION: Nursing and Personal Support Services

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 35 (3) (e)
Nursing and personal support services

s. 35 (3) The staffing plan must,
(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The licensee has failed to ensure that the staffing plan was evaluated and updated annually.

The SED provided a copy of the home's annual program staffing plan evaluation. The policy and best practice, quality and risk management activities, and evaluation of goals from the staffing plan were incomplete to evaluate the staffing plan for evidence-based practice.

Sources: Nursing Staffing Plan Annual Evaluation; and interview with SED.

WRITTEN NOTIFICATION: Quality Improvement

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 6.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
6. The home’s pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider.

The licensee has failed to ensure that the continuous quality improvement committee included a member of the home’s pharmacy service provider.

The home was unable to provide documentation that a member of the home's pharmacy provider was part of the continuous quality improvement committee.

Sources: Stakeholder Advisory Committee (SAC) meeting agenda, and education sign-in sheet for SAC.