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
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: August 1, 2025
Original Report Issue Date: June 25, 2025
Inspection Number: 2025-1280-0004 (A1)
Inspection Type: Complaint Critical Incident
Licensee: 2063414 Ontario Limited as General Partner of 2063414 Investment LP
Long Term Care Home and City: Midland Gardens Community, Scarborough

AMENDED INSPECTION SUMMARY

This report has been amended to:
Compliance Order (CO) #001 was rescinded following a review of CO #001 pursuant to s. 169 of the FLTCA, and a decision was made by the Director to alter and substituted CO #001 with a Director's Order. Compliance Order #002 is included in this report for reference; however, was not amended; therefore, the served date remains June 25, 2025.

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INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 29-30, 2025 and June 2-6, 9-12, 17-20, 23-24, 2025.

The following Critical Incidents (CI) were inspected:

- Intake #00143316-CI #2789-000019-25 was related to fall prevention and management.

- Intake: #00145970-CI #2789-000021-25 was related to outbreak management.

The following Complaint was inspected:

- Intake #00144707 was related to resident to resident abuse.

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

Infection Prevention and Control
Responsive Behaviours
Prevention of Abuse and Neglect
Falls Prevention and Management

AMENDED 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 (10) (c)

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,

(c) care set out in the plan has not been effective.

The licensee has failed to ensure a resident was reassessed and the plan of care was reviewed and revised when a fall prevention intervention was ineffective.

Sources: a resident's clinical records, home investigation notes, interviews with

Personal Support Worker (PSW) and other staff.

WRITTEN NOTIFICATION: Duty to protect

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 24 (1)
Duty to protect
s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that co-residents are not neglected by the licensee or staff.

The licensee has failed to ensure that a resident was protected from abuse by a co-resident.

Sources: a residents' clinical records and, interview with resident and other staff.

WRITTEN NOTIFICATION: Licensee must investigate, respond and act

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 27 (1) (a) (i)
Licensee must investigate, respond and act
s. 27 (1) Every licensee of a long-term care home shall ensure that,
(a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:
(i) abuse of a resident by anyone,

The licensee failed to ensure that a witnessed incident of abuse of a resident was immediately investigated on a specific date.

Sources: a resident's clinical records, Critical Incident data base, interviews with Registered Nurse (RN) and other staff.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #004 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).

The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was implemented.

i. Specifically, section 9.1 (b) states "at minimum routine practices shall include for Hand hygiene (HH), before and after contact with multiple residents and their environment.

A Personal Support Worker (PSW) did not perform HH before and after contact with multiple residents and their environment.

A Registered Nurse (RN) did not complete HH before and after contact with a resident and their environment during medication administration.

ii. Specifically, section 10.2 (c) states "The hand hygiene program for residents shall include: Assistance to residents to perform hand hygiene before meals."

Prior to a meal service, two residents were not not offered or assisted with

performing HH.

Sources: Observation made on a specific date, interview with PSW and other staff, IPAC standard for Long-term care homes, April 2022, revised September 2023.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)
Infection prevention and control program
s. 102 (9) The licensee shall ensure that on every shift,
(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

The licensee has failed to ensure that when symptoms of infection were recorded for a resident immediate actions were taken to reduce transmission and isolate the resident.

Sources: a resident's clinical record, interview with the Director Of Care (DOC), Confirming an Outbreak Policy #IX-F-10.00, revised March 3, 2025.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (11) (a)
Infection prevention and control program
s. 102 (11) The licensee shall ensure that there are in place,

(a) an outbreak management system for detecting, managing, and controlling infectious disease outbreaks, including defined staff responsibilities, reporting protocols based on requirements under the Health Protection and Promotion Act, communication plans, and protocols for receiving and responding to health alerts; and

The licensee has failed to ensure that staff complied with the home's policy related to outbreak management and reporting to the local Public Health Unit (PHU).

In accordance with O. Reg 246/22 s. 11 (1) (b), the home is required to have in place an outbreak management system for detecting managing and controlling infectious disease outbreaks, including reporting protocols based on requirements under the Health Protection and Promotion Act and must be complied with.

Specifically, staff did not immediately report to the PHU two residents identified with symptoms on the same resident home area (RHA) even though the RHA met the requirement for a suspected outbreak as outlined in their policy.

Sources: Review of the home's outbreak line list, email communication with the local PHU, Confirming an Outbreak Policy #IX-F-10.00, revised March 3, 2025, Attached document titled Defining An Outbreak Policy #IX-F-10.00(a), revised March 2025, interview with the DOC, residents' clinical records.

WRITTEN NOTIFICATION: Notification re incidents

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 104 (1) (b)
Notification re incidents
s. 104 (1) Every licensee of a long-term care home shall ensure that the resident's substitute decision-maker, if any, and any other person specified by the resident,

(b) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident.

The licensee has failed to ensure that four residents' substitute decision-makers were notified within 12 hours upon the home becoming aware of alleged incidents of abuse towards them by a co-resident.

Sources: residents' clinical records and, interviews with DOC and other staff.

(A1) Appeal/DREV #: DREV-0057
The following order(s) has been rescinded: CO #001

COMPLIANCE ORDER CO #001 Reporting certain matters to Director

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

COMPLIANCE ORDER CO #002 Responsive behaviours

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive

behaviours,
(b) strategies are developed and implemented to respond to these behaviours, where possible; and
The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

Specifically the licensee shall:

1)Conduct a review of the specified resident's plan of care related to responsive behaviours to and the effectiveness of strategies to minimize potential negative interactions with co-residents.
2)Revise the specified resident's plan of care to provide strategies and interventions to respond to the resident's responsive behaviours.
3)Maintain a written record of the above items, to include, but not limited to: dates of reviews and revisions, staff participating in reviews and revisions, interventions considered, interventions implemented and resident's response to the interventions.

Grounds

The licensee has failed to ensure that strategies for a resident were developed and implemented to respond to their responsive behaviours.
As a result of the failure to develop and implement strategies to respond to a resident's responsive behaviours, co-residents were subjected to abuse and risk of ongoing abuse by that resident.

Sources: Observation made on a specific date, residents' clinical records and, interviews with PSW and other staff.

This order must be complied with by August 31, 2025.

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Long-Term Care Inspections Branch

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

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

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
Toronto, ON, M5S 1S4

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

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.