

**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

## Original Public Report

**Report Issue Date:** November 4, 2024

**Inspection Number:** 2024-1107-0003

**Inspection Type:**

Complaint  
Critical Incident  
Follow up

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

**Long Term Care Home and City:** St. George Community, Toronto

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 9-11, 16-18, and 22, 2024

The following Follow-up orders were inspected in this inspection:

- Intake: #00123140 - Related to Personal Assistive Services Device (PASD)
- Intake: #00123141 - Related to Maintenance Services
- Intake: #00123142 - Related to Infection Prevention and Control (IPAC)

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

- Intake: #00124578 – Injury of unknown cause

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

- Intake: #00124633 – Injury of unknown cause
- Intake: #00126051 - Related staff to resident physical abuse

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## Previously Issued Compliance Order(s)

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

Order #002 from Inspection #2024-1107-0001 related to O. Reg. 246/22, s. 96 (1) (b)  
Order #002 from Inspection #2024-1107-0002 related to O. Reg. 246/22, s. 102 (2) (b)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #001 from Inspection #2024-1107-0002 related to FLTCA, 2021, s. 36 (3)

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

- Resident Care and Support Services
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Restraints/Personal Assistance Services Devices (PASD) 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) 1.**

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:

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1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.

The licensee has failed to fully respect and promote a resident's right to be treated with courtesy and respect.

**Rationale and Summary**

A Personal Support Worker (PSW) threw an object at a resident.

The Executive Director (ED) confirmed that the PSWs actions did not align with the home's expectation to treat all residents with courtesy and respect even when in difficult situations.

There was increased risk of harm to the resident's emotional well-being when staff failed to treat them with courtesy and respect.

**Sources:** The home's investigation notes, resident's clinical records, and interviews with the PSW and ED.

**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.

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The licensee failed to ensure that the care set out in the plan of care of a resident was provided to the resident as specified in their plan.

**Rationale and Summary**

Observations revealed a resident did not have a specific device applied as indicated in their care plan.

A PSW acknowledged that they did not apply the resident's device as stated in their care plan.

Failing to provide the specific device to the resident as stated in their care plan increased their risk of injury.

**Sources:** Observations; resident's clinical records; interviews with a PSW.

**WRITTEN NOTIFICATION: Failure to Comply**

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

**Non-compliance with: FLTCA, 2021, s. 104 (4)**

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee has failed to comply with the conditions of Compliance Order (CO) #001 issued August 2, 2024, under inspection report 2024\_1107\_0002, related to PASD with a compliance order due date of September 27, 2024.

**Rationale and Summary**

Compliance Order (CO) #001 under inspection report 2024\_1107\_0002 required the home to create a compliance plan to be compliant with FLTCA, 2021, s. 36 (3).

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The home's compliance plan specifically stated:

1) Audit PASD's using the Restraints/PASD Audit and Tracking tool to document all devices in the community. The audit outlines: resident using the device; ensures the completion of the appropriate Residents/PASD/Bed Safety Assessment was completed; interventions in place; consents obtained; monitoring in place and alternatives are include in the plan of care.

The follow up inspection was conducted during this inspection. The inspector found the home was not in compliance with a requirement of the compliance plan above.

When the inspector requested for information specifically the Restraints/PASD Audit and Tracking tool with the completed audits, the home provided an audit record with only tilt wheelchair PASDs. The record did not include the other PASDs in the home.

The home's Restraints/PASD's & Bed Safety Program noted the types of PASDs were table top trays, half lap trays, splints, tilted wheelchairs, bed rails, pommels, splints, leg braces, and seatbelts/seatbelts with 4 support points.

Upon interviewing the Physiotherapist (PT), Occupational Therapist (OT), Resident Assessment Instrument (RAI) Coordinator, Associate Director of Care (ADOC) and the Director of Care (DOC) who were all part of the PASD compliance plan action team, there were inconsistent responses on whether or not the home had other PASDs aside from bed rails and tilt wheelchairs.

The RAI Coordinator initially stated there were no other PASDs in the home aside from bed rails and tilt wheelchairs, but days after they provided a record of residents with splints. Furthermore, the PT provided records showing there were

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residents with half lap trays who were also not included in the home's PASD audit.

The DOC acknowledged that the home had focused only on auditing the tilt wheelchairs in the home, but failed to audit the other PASDs.

**Sources:** Restraints/PASD's & Bed Safety Program Review dated March 28, 2022, Mobility Device Audit; interviews with the PT, OT, RAI Coordinator, ADOC and DOC.

**An Administrative Monetary Penalty (AMP) is being issued on this written notification 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 Written Notification NC #003**

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 an order under s. 155 of the Act.

**Compliance History:**

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

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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.

**NOTICE OF RE-INSPECTION FEE**

Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021, the licensee is subject to a re-inspection fee of \$500.00 to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

The Compliance Order was not complied in inspection 2024-1107-0002 and #2024-1107-0003 related to O. Reg 246/22, s.96 (1) (b)

Licensees must not pay a Re-Inspection Fee 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 Re-Inspection Fee.