

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

<b>Report Issue Date:</b> December 9, 2025
<b>Inspection Number:</b> 2025-1107-0005
<b>Inspection Type:</b> Complaint
<b>Licensee:</b> 2063414 Investment LP, by its general partner, 2063414 Ontario Limited
<b>Long Term Care Home and City:</b> St. George Community, Toronto

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: November 19-21, and 24-27, and December 2-5, and 8-9, 2025

The inspection occurred offsite on the following dates: December 4 and 5, 2025

The following intakes were inspected on this complaint inspection:

- Intake: #00160764 - related to concerns regarding staffing and presence of councils in the home
- Intake: #00161574 related to staffing concerns
- Intake: #00163448 related to resident care concerns

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

- Resident Care and Support Services
- Residents' and Family Councils
- Responsive Behaviours
- Staffing, Training and Care Standards

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Nursing and personal support services

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 11 (3)**

Nursing and personal support services

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s. 11 (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations.

i) There was no registered nurse (RN) on duty and present at the home during the night shift on an identified date.

ii) There was a no RN who is both an employee of the home and member of the regular nursing staff on duty and present in the home on another identified date.

**Sources:** Review of staff schedules and interview with the Director of Care (DOC).

### WRITTEN NOTIFICATION: Nursing and personal support services

NC #002 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 home was not able to provide documentation that their staffing plan evaluation for 2023 was completed.

**Sources:** Email from the DOC.

### WRITTEN NOTIFICATION: Responsive behaviours

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

**Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)**

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

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A resident was reported with increased responsive behaviours. The home was unable to demonstrate any completed assessments and reassessments related to the increased behaviours.

The RN and the Associate Director of Care (ADOC) both acknowledged that there were no interventions for the resident's increased responsive behaviours. The ADOC also stated that there was no documented resident's response when changes in their medications were made.

**Sources:** Resident's clinical records, home's responsive behaviour policy, and interviews with staff.

## **COMPLIANCE ORDER CO #001 Nursing and personal support services**

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 35 (2)**

Nursing and personal support services

s. 35 (2) Every licensee of a long-term care home shall ensure that there is a written staffing plan for the programs referred to in clauses (1) (a) and (b).

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

1. Conduct a collaboration review of the home's current staffing plan with one full-time registered practical nurse from each home area, charge nurses, on-call managers and staff responsible for scheduling. This review should include but is not limited to:
  - a) A root cause analysis of the current staffing complement and contingency plan, to identify gaps and ensure the current complement meets residents' assessed needs.
  - b) Revise the current staffing complement and contingency plan (if applicable) to address gaps identified.
  - c) The contingency plan should include a staff replacement process or algorithm for staff to follow.
  - d) Re-train all applicable staff involved in the home's scheduling process.
  - e) Maintain a written record of the date(s), staff that participated in the review, information gathered and any actions to be addressed from the root cause analysis. Also, maintain a record of the training, the date(s) training was provided, staff who

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received the training and staff who provided the training.

2. Re-train personal support workers (PSWs) who work on the evening shift on specified resident home area (RHA) on the duties to be performed when staffing is below full complement as per the staffing plan.

3. Maintain a record of the content of the training, the date(s) training was provided, staff who received and staff who provided the training for step 2.

### Grounds

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to ensure that any plan developed in the home's staffing plan was complied with.

i) The home's contingency plan indicated that bathing of residents was to be completed when staffing for personal support services was below full complement, which did not occur for one resident.

The resident did not receive their scheduled bath, when the PSW staffing was below complement on a specified RHA. The ADOC and the current DOC both acknowledged that the contingency plan was not followed, and that the well-being of the resident was affected.

**Sources:** Staff schedule, complaint record, staffing plan, resident's clinical profile and interviews with staff.

ii) There were two nurses who worked during the night shift of a specified day, when the full complement was four.

The nurses cared for 164 residents, which included two residents who required high medical needs during the shift.

The ADOC or DOC were to attend onsite to assist and provide coverage as per the contingency plan which did not occur, and the DOC acknowledged that the home did not comply with their staffing plan.

There was an increased risk of compromised resident care and safety when two nurses cared for all the residents in the home.

**Sources:** Home's staffing plan, daily roster, and interviews with staff.

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iii) The home's contingency plan indicated that resident care duties of wound care treatments, medication administration and processing of physician orders were to be completed when registered staff were below full complement.

a) On an identified date, there were four registered staff vacancies on the day shift. The wound care treatments for two residents were not completed.

On another identified date, two registered staff were scheduled to work on the day shift on a RHA, however one of the registered staff was pulled to cover an unstaffed floor. The wound care treatments for one resident were not completed.

b) There was a shortage of four registered staff during a specified day shift. Nine residents on a RHA did not receive their medications during the shift.

Residents five did not receive more than 10 of their scheduled medications, one of which did not receive their time sensitive injections.

c) The contingency plan indicated that processing orders was a high priority task and must be completed.

A resident was readmitted to the home in the evening with orders for numerous new orders. The evening nurse was instructed to endorse incomplete admission tasks to the night shift. There was a shortage of two registered staff during the night shift. These orders were not processed during the night shift until two days later.

The current DOC acknowledged that the home's staffing plan was not followed at the time of these incidents and that wound care treatments, medications, and processing physician orders should have been completed despite staffing below full complement during the shifts.

The assessed care needs of these residents were not met when wound care treatments and medications were missed; and processing readmission orders were delayed. The incidents affected the wellbeing of the residents.

**Sources:** The home's staffing plan, staff schedules on the identified dates, residents' clinical records; and interviews with registered staff and DOC.



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

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**This order must be complied with by March 9, 2026**

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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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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

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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, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).