

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> February 9, 2026
<b>Inspection Number:</b> 2026-1107-0001
<b>Inspection Type:</b> Complaint Critical Incident
<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 date(s): January 7-9, 12-14, 2026, and February 2-6, 9, 2026

The following Complaint intake(s) were inspected:

-Intake: #00163253 - related to home's mismanagement of resident finances

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

-Intake: #00165094 [CI #2594-000037-25] - related to an unwitnessed fall resulting in hospitalization

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

Falls Prevention and Management  
Resident Charges and Trust Accounts

## INSPECTION RESULTS

### COMPLIANCE ORDER CO #001 Trust Accounts

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 286 (1)**

Trust accounts

s. 286 (1) Every licensee of a long-term care home shall establish and maintain at least

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one non-interest bearing trust account at a financial institution in which the licensee shall deposit all money entrusted to the licensee's care on behalf of a resident.

**The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with [FLTCA, 2021, s. 155 (1) (b)]:**

The plan must include but is not limited to:

1. A procedure and policy to ensure all monies received by the home on behalf of a resident are documented and accounted for in a separate ledger for each resident.

2. A procedure and policy to ensure monies received on behalf of a resident is deposited into their trust account. This procedure and policy should include actions required when a resident's trust account exceeds \$5,000 .

3. Lastly, an audit process to ensure this practice is being followed.

4. The plan should include how the home will manage stale-dated cheques that were held for residents without any documentation.

Please submit the written plan for achieving compliance for inspection #2026-1107-0001 by February 24, 2026.

Please ensure that the submitted written plan does not contain any PI/PHI.

**Grounds**

Multiple residents had trust accounts established and maintained by the home, where a maximum balance of \$5,000 could be held. The Office Manager (OM) received and deposited government cheques on behalf of these residents and paid their bills from the trust accounts. They indicated when a government cheque issued to a resident was not deposited, they held it. The OM acknowledged they did not inform multiple residents, or their power of attorney for finance (POAF), or the Executive Director (ED) of the accumulating uncashed cheques, and had no documentation of the uncashed cheques.

1) The OM gave a deceased resident's POAF multiple uncashed government cheques.

The OM indicated the cheques were not deposited into the resident's trust account to avoid exceeding the maximum balance of \$5,000.

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In review of the late resident's monthly trust account statements for a specific year, the OM acknowledged there were many times when the trust account was not at risk of exceeding the maximum balance limit if a cheque were to be deposited, and indicated if there was a risk of exceeding the limit, a refund cheque could have been issued to the resident's POAF.

**Sources:** Resident's clinical records, trust account documents, cheques, interviews with the OM and ED.

2)The ED indicated the home had multiple uncashed cheques issued to a resident before and after they deceased.

**Sources:** Resident's clinical records, cheques, interviews with OM and ED.

3)The ED indicated the home had multiple uncashed cheques issued to a resident.

The ED indicated the home did not have a policy related to undeposited cheques that were issued to residents. They indicated that if cheques issued to residents were not deposited by the home, the resident or their POAF should have been contacted.

By not depositing funds received by the home on behalf of residents, the residents and/or their estates were at risk of financial loss.

**Sources:** Resident's clinical records, cheques, interviews with OM and ED.

**This order must be complied with by March 23, 2026**

## **COMPLIANCE ORDER CO #002 Trust Accounts**

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 286 (10) (a)**

Trust accounts

s. 286 (10) The licensee shall have every trust account audited annually,  
(a) by a public accountant licensed under the Public Accounting Act, 2004; or

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

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1. Provide a full and finalized report of a licensed public accountant audit of all resident trust accounts by the compliance due date.
2. Provide a simple documented summary of all, if any, suggested recommendations or actions or area to improve.

### Grounds

1)The Ministry of Long-Term Care (MLTC) received a complaint regarding a deceased resident's trust account. The resident's POAF was given multiple uncashed cheques that had been issued to the resident and kept by the home. There was no record by the home of the cheques and the OM failed to inform anyone of their existence.

2)The home discovered multiple uncashed cheques issued to a deceased resident. The home continued to receive and keep cheques issued to the resident after they were deceased.

3)The home discovered multiple uncashed cheques issued to a resident.

The ED indicated that the home did not conduct an annual audit on all resident accounts for multiple years. They acknowledged that an audit may have provided oversight into how the home managed resident trust accounts and undeposited cheques issued to residents.

An internal audit report recommended the home implement oversight controls to ensure cheques were not kept by staff for extended periods.

**Sources:** Residents' clinical records and issued cheques, Draft Home Audit Report, interviews with the OM and ED.

**This order must be complied with by March 23, 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  
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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).