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

Central East District
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Public Report

Report Issue Date: August 13, 2025
Inspection Number: 2025-1498-0004
Inspection Type: Complaint Critical Incident
Licensee: Royal Canadian Legion District 'D' Care Centres
Long Term Care Home and City: Tony Stacey Centre for Veterans' Care, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 23-25, 28-31, and August 1, 2025.
The following intake(s) were inspected:

- Intake related to a complainant regarding the care of a resident.
- Intake related to an incident of alleged staff to resident abuse.

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

Resident Care and Support Services
Infection Prevention and Control
Safe and Secure Home

INSPECTION RESULTS

WRITTEN NOTIFICATION: Involvement of resident, etc.

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (5)
Plan of care
s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and

implementation of the resident's plan of care.

The license failed to ensure that a resident's substitute decision maker (SDM), was provided an opportunity to participate in the implementation of the resident's plan of care.

A resident's clinical records indicated a change in treatment. Staff acknowledged that there was no indication that the resident's SDM was involved.

Sources: Policy, Critical Incident Report (CIR), a resident's clinical health records, interviews with staff.

WRITTEN NOTIFICATION: Air conditioning requirements

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 23.1 (1) 1.
Air conditioning requirements
s. 23.1 (1) Every licensee of a long-term care home shall ensure that air conditioning is installed, operational and in good working order for the purpose of cooling the temperature in the following areas of the long-term care home during at least the period from May 15 to September 15 in each year:
1. Every resident bedroom.

The license failed to ensure that a resident's air conditioner was operational and in good working order for the purpose of cooling.

Records indicated that a resident's air conditioning unit was not functional, on a number of days. During an interview with the resident, they indicated that the air conditioning unit in their room frequently malfunctioned.

Staff acknowledged that the resident's air conditioning unit required frequent services.

Sources: A resident's clinical health records, logs and interviews with staff.

WRITTEN NOTIFICATION: Reporting certain matters to Director

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

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.

A CIR was submitted on a specified date, related to an incident of an alleged staff to resident abuse.

Staff confirmed that the incident should have been immediately reported to the Director.

Sources: Policy, CIR, resident's clinical health records, and interviews with staff.

WRITTEN NOTIFICATION: Air conditioning requirements

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 23.1 (4)
Air conditioning requirements
s. 23.1 (4) Every licensee of a long-term care home shall ensure that, if central air conditioning is not available in the home, the home has at least one separate designated cooling area for every 40 residents. O. Reg. 66/23, s. 4.

The license failed to ensure that designated cooling areas were available in areas of the home that were not supplied by central air conditioning.

During an interview, staff confirmed that the home does not have designated cooling areas.

Sources: Observations, Policy, air conditioning cleaning records, and interviews with staff.

WRITTEN NOTIFICATION: Air temperature

NC #005 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 license failed to ensure that temperatures were measured and documented in two resident bedrooms, a common area and every designated cooling area, if any.

A review of the temperature logs revealed that on a number of dates, temperatures of common areas on each floor were not taken and recorded. Further review of the temperature logs confirmed that temperatures were not measured for any resident bedrooms, common areas or designated cooling areas on multiple days.

Sources: Policy, temperature logs and interviews with staff.

WRITTEN NOTIFICATION: Falls prevention and management

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 54 (2)
Falls prevention and management
s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The license failed to ensure that a resident was assessed after a fall occurred.

On review of the resident's clinical rerecords there is no indication that post-fall assessments were completed.

During an interview, staff confirmed that the appropriate assessment tools had not been completed, after the resident had fallen.

Sources: Policy, CIR, a resident's clinical health records, interviews with staff.

WRITTEN NOTIFICATION: Skin and wound care

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (1) 3.
Skin and wound care
s. 55 (1) The skin and wound care program must, at a minimum, provide for the following:
3. Strategies to transfer and position residents to reduce and prevent skin breakdown and reduce and relieve pressure, including the use of equipment, supplies, devices and positioning aids.

The licensee failed to ensure that strategies to prevent skin breakdown were implemented for a resident.

During an observation, a resident utilized an item to prevent skin breakdown. Staff confirmed that the appropriate device was not applied to prevent skin breakdown.

Sources: Policy, observations, resident's clinical health records, interviews with staff.

WRITTEN NOTIFICATION: Pain management

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 57 (1) 2.
Pain management
s. 57 (1) The pain management program must, at a minimum, provide for the following:
2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.

The license failed to comply with the home's pain management program when strategies to manage a resident's pain were not implemented.

In accordance with Ontario Regulation 246/22, section 11 (1) (b), the licensee is required to ensure that written policies developed for the pain management program were complied with.

Staff confirmed a pain assessment and non-pharmacological interventions were not

implemented for the resident.

Sources: Policy, CIR, a resident's clinical health records, and interviews with staff.

WRITTEN NOTIFICATION: Dining and snack service

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 79 (1) 9.
Dining and snack service
s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
9. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

The licensee failed to ensure that a resident was in a safe position while being assisted with their meal.

Staff were observed assisting a resident in a lying position. During an interview, staff acknowledged the appropriate position of the resident that required assistance.

Sources: Policy, observations, and interviews with staff.

WRITTEN NOTIFICATION: Dining and snack service

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 79 (1) 10.
Dining and snack service
s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
10. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat.

The licensee failed to ensure that staff utilized appropriate seating when they assisted a resident with their meal.

During an observation, a staff was observed while they assisted a resident with their meal. Staff confirmed the expectations of staff seating when assisting residents during meals and snack services.

Sources: Policy, observations, interviews with staff.