

Ministry of Long-Term Care  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

Central East District  
33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

## Public Report

**Report Issue Date:** January 22, 2026

**Inspection Number:** 2026-1498-0001

**Inspection Type:**  
Proactive Compliance Inspection

**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): January 13, 14, 16, 19, 20, 22, 2026

The inspection occurred offsite on the following date(s): January 15, 21, 2026

The following intake(s) were inspected:

-Proactive Compliance Inspection

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Medication Management
- Residents' and Family Councils
- Safe and Secure Home
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Quality Improvement
- Staffing, Training and Care Standards
- Residents' Rights and Choices
- Pain Management

## INSPECTION RESULTS

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## **WRITTEN NOTIFICATION: Infection prevention and control program**

NC #001 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).

Evidence-based practices related to additional precautions were not followed, specifically, a staff member did not wear the required personal protective equipment (PPE) and perform the required hand hygiene, when speaking with the resident inside a residents room. The resident required additional precautions during an outbreak.

**Sources:** Observation and interview with a staff member.

## **WRITTEN NOTIFICATION: Safe storage of drugs**

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

### **Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)**

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,

(a) drugs are stored in an area or a medication cart,

(ii) that is secure and locked,

During a tour of the home, it was observed, that the Registered Nurse (RN) office on the first floor was open, unlocked and unattended, and three fridges containing food and medications were unattended, unlocked, and unlatched with two residents in the immediate area. It was also discovered in the RN office, that the open shelving contained three bags of tobacco products and a bottle of medication.

Interviews with staff confirmed that the RN Office should be kept locked and latched.

**Sources:** Observations, interviews with staff.

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## COMPLIANCE ORDER CO #001 Compliance with manufacturers' instructions

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

### Non-compliance with: O. Reg. 246/22, s. 26

Compliance with manufacturers' instructions

s. 26. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.

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

- 1) The LTCH will educate the ESM, IPAC Lead, and all Housekeeping Staff on the proper procedures for chemical strip testing of the Ecolab Peroxide Multi Surface Disinfectant and Cleaner, interpretation, and completing the Chemical Dilution Form which may include the utilization of an Ecolab designate.
- 2) The ESM /IPAC Lead /or designate will audit, on Days and Evenings, the use of the Testing Strips and the Chemical Dilution Form for four weeks after being trained by the LTCH which may include the utilization of an Ecolab designate.
- 3) Keep a documented record of the audits completed, along with the name of the person who completed the audit, the date the audit was performed, and include any corrective action taken.

### Grounds

The licensee shall ensure that Housekeeping staff use all equipment, supplies, in the home in accordance with manufacturers' instructions.

### Rationale and Summary

During a PCI, a Ecolab disinfectant wall unit was observed in the housekeeping closet which was being used by the home to dilute and dispense the Ecolab Peroxide Multi Surface Disinfectant and Cleaner used for cleaning and disinfection of contact surfaces in resident areas.

During an interview with staff members, they confirmed that the home has in use several chemicals from Ecolab, but had no knowledge of chemical testing of the

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peroxide levels in the dispensed Ecolab Peroxide Multi Surface Disinfectant and Cleaner and they do not test the peroxide and believes that someone from outside comes in to test the chemicals. During an interview with another staff member, they confirmed that they believe that Ecolab staff come into the home to check on the appropriate dilution of the Ecolab Peroxide Multi Surface Disinfectant and Cleaner and are unaware of any policy or procedure to test the peroxide dilution.

The homes policy Dilutions of Cleaning Chemicals indicated that the Environmental Supervisor/Designate along with the chemical representative will provide a quality assurance check of the dispensing system monthly. This activity will include but not be limited to:

- Ensuring dilution is correct.
- Equipment is not leaking.
- Dispensing lines are in good condition

The licensee increased the risk for health care associated infections when staff did not use all equipment, supplies, and devices in the home, in accordance with manufacturers' instructions.

**Sources:** Ecolab Peroxide Multi Surface Disinfectant and Cleaner dispenser equipment observation, Ecolab Peroxide Multi Surface Disinfectant and Cleaner Information Sheets, Ecolab Peroxide 0-5000ppm Test Strips information sheets, Ecolab Service Call Records for 2025, the homes' Dilutions of Cleaning Chemicals Policy, and interviews with staff.

**This order must be complied with by March 2, 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).



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

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