

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

Report Issue Date: July 3, 2025

Inspection Number: 2025-1499-0003

Inspection Type:

Proactive Compliance Inspection

Licensee: Mon Sheong Foundation

Long Term Care Home and City: Mon Sheong Home for the Aged, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 20, 23, 24, 25, 26, 2025 and July 2, 3, 2025

The inspection occurred offsite on the following date(s): June 27, 30, 2025 and July 2, 2025

The following intake(s) were inspected:

- Intake: #00146508 - Proactive Compliance Inspection (PCI)

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Medication Management
Food, Nutrition and Hydration
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home

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Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Quality Improvement
Residents' Rights and Choices
Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: PLAN OF CARE

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary.

The licensee has failed to ensure that a resident's plan of care was revised when their care needs changed related to skin and wound care. An intervention was not implemented as per the plan of care and the Skin and Wound Lead indicated that the resident no longer required the intervention and the plan of care should have been revised.

Sources: Resident observation; review of a resident's clinical records; and interviews with the Skin and Wound Lead and other staff.

WRITTEN NOTIFICATION: FAMILY COUNCIL

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

Non-compliance with: FLTCA, 2021, s. 66 (3)

Powers of Family Council

s. 66 (3) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing.

The licensee has failed to ensure that a response was provided to concerns and/or recommendations brought forward by the Family Council about the operation of the home within 10 days in two separate instances. The home did not respond to Family Council in writing within 10 days of receiving the recommendations.

Sources: Family Council meeting minutes; and interviews with Family Council Chair, Family Council Assistant, and Acting Administrator.

WRITTEN NOTIFICATION: SKIN AND WOUND CARE

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (e)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,
(e) a resident exhibiting a skin condition that is likely to require or respond to nutrition intervention, such as pressure injuries, foot ulcers, surgical wounds, burns or a worsening skin condition, is assessed by a registered dietitian who is a member of the staff of the home, and that any changes the registered dietitian recommends to the resident's plan of care relating to nutrition and hydration are implemented. O. Reg. 246/22, s. 55 (2); O. Reg. 66/23, s. 12.

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The licensee has failed to ensure that a resident was assessed by a registered dietitian (RD) when they exhibited a skin condition that was likely to require or respond to nutrition intervention, which was acknowledged by the Skin and Wound Lead and RD.

Sources: Review of a resident's clinical records; and interviews with the Skin and Wound Lead and RD.

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2).

The licensee has failed to ensure that symptoms indicating the presence of infection for a resident were monitored every shift. A resident's symptoms of infection were not monitored for 19 shifts.

Sources: A resident's progress notes; and interview with the Infection Prevention and Control (IPAC) Lead.

WRITTEN NOTIFICATION: SAFE STORAGE OF DRUGS

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NC #005 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.

The licensee has failed to ensure that drugs stored in the medication cart were secured and locked.

A Registered Practical Nurse (RPN) left a medication cart unattended and unlocked in a resident common area where five residents were close to the medication cart.

Sources: Observation in one resident home area; and interview with Director of Resident Care (DRC).

WRITTEN NOTIFICATION: DRUG DESTRUCTION AND DISPOSAL

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 148 (2) 2.

Drug destruction and disposal

s. 148 (2) The drug destruction and disposal policy must also provide for the following:

2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.

The licensee has failed to ensure that any controlled substance to be destroyed and disposed of was stored separate from any controlled substance that was available

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for administration to a resident until the destruction and disposal occurred. Two registered staff indicated that when the DRC was not in the home, controlled substances for destruction and disposal were stored with controlled substances available for administration to residents, which was acknowledged by the DRC.

Sources: Review of Policy titled, Destruction: Discontinued Narcotic, Controlled and Targeted Substances, MediSystem Serviced Homes, August 2024; and interviews with registered staff and DRC.