

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: June 4, 2025

Inspection Number: 2025-1500-0003

Inspection Type:

Critical Incident
Follow up

Licensee: Nisbet Lodge

Long Term Care Home and City: Nisbet Lodge, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 26-30, 2025 and June 2-4, 2025

The following intake(s) were inspected:

- Intake: #00140358-Follow-up to Compliance Order #001 from inspection #2025-1500-0001 – related to safe and secure home
- Intake: #00142303 [Critical Incident (CI): 3003-000011-25] – related to a disease outbreak
- Intake: # 00143246 [CI: 3003-000014-25] – related to a fall with injury
- Intake: # 00146479 [CI: 3003-000015-25]– related to improper care

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2025-1500-0001 related to O. Reg. 246/22, s. 19

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

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Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Required programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1)

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee has failed to ensure staff followed their fall prevention and management program policy when a resident had a fall and was assisted off the floor by two Personal Support Workers (PSW) before being assessed by a nurse.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that the written policy developed for fall prevention and management is complied with. Specifically, the home's policy directed staff to only transfer the resident post-fall after the nurse had assessed the resident and approved the transfer.

Sources: Resident's clinical records; Falls Prevention and Management Program policy RC-15-01-01, last reviewed: March 2023; and interviews with a PSW and the Director of Care (DOC).

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WRITTEN NOTIFICATION: Falls prevention and management

NC #002 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 licensee has failed to ensure that when a resident fell, a post-fall assessment was conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

Sources: Resident's clinical records; and interview with the DOC.

WRITTEN NOTIFICATION: Housekeeping

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

Non-compliance with: O. Reg. 246/22, s. 93 (2) (a) (ii)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

- (a) cleaning of the home, including,
- (ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;

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The licensee has failed to ensure that procedures were developed and implemented procedures for cleaning of the home including common areas and staff areas.

Accumulated soils were observed on the ceiling tiles above the dining and hot-holding/food service portion of the kitchen.

The Director of Building Services acknowledged that no procedures had been developed and implemented for regularly scheduled cleaning of the above areas.

Sources: Observations and an interview with the Director of Building Services.

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 (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).

The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was implemented. There were no policies and procedures in place to determine the frequency of cleaning and disinfection using a risk stratification approach in accordance with Section 5.6 of the IPAC Standard for Long-Term Care Homes, last revised September 2023. The home lacked a quantitative and risk-based approach to determining its housekeeping practices with respect to the frequency of cleaning and disinfection.

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Sources: Interviews with staff and review of documents from infection prevention and control and housekeeping.