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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Public Report

Report Issue Date: March 7, 2025
Inspection Number: 2025-1500-0002
Inspection Type: Other Critical Incident
Licensee: Nisbet Lodge
Long Term Care Home and City: Nisbet Lodge, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 4 - 6, 2025.

The following intake(s) were inspected:

- Intake: #00139375 - Critical Incident System (CIS) #3003-000008-25 - Fall of resident resulting in injury.
- Intake: #00139215 - Outstanding Emergency Planning Annual Attestation

The following CIS intake was completed during this inspection:

- Intake: #00133699 – CIS #3003-000015-24 - Fall of resident resulting in injury.

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

Infection Prevention and Control
Safe and Secure Home
Falls Prevention and 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 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee failed to ensure that a resident's falls prevention interventions were appropriately and consistently implemented.

A resident was at risk for falls and their plan of care specified several interventions to prevent a fall from occurring.

While the resident was in bed and in their wheelchair, five of their fall interventions to prevent a fall and reduce the risk of injury from a fall, were not in place. Additionally, a Personal Support Worker (PSW) indicated that an overnight fall intervention was also not in place.

Sources: Resident clinical records; observations; interviews with two PSWs.

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 (3)
Falls prevention and management
s. 54 (3) Every licensee of a long-term care home shall ensure that the equipment,

supplies, devices and assistive aids referred to in subsection (1) are readily available at the home. O. Reg. 246/22, s. 54 (3).

The licensee failed to ensure that the correct size for a fall intervention to reduce the risk of injury in a fall, were available to a resident.

A resident was found in bed and in their wheelchair, without the fall intervention. A PSW reported that the intervention was not applied because their size was not available.

Sources: Observation; resident's clinical records; interview with a PSW.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #003 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.

Specifically, section 9.1 (d) states "at minimum Routine Practices shall include: Proper use of PPE, including appropriate selection, application, removal, and disposal."

A staff was wearing gloves in the elevator while transporting a dish cart, dishes and trays. They used their gloved hand to press the elevator buttons. The IPAC Lead stated staff are not to wear gloves in the elevator and acknowledged risk for spread of infection when using gloves in high touch common areas.

Sources: Observation; interview with the IPAC Lead

WRITTEN NOTIFICATION: Attestation

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 270 (3)
Attestation
s. 270 (3) The licensee shall ensure that the attestation is submitted annually to the Director.

The licensee failed to ensure that the attestation for emergency planning was submitted annually to the Director. The Chief Executive Officer confirmed that the home's emergency planning attestation form was not submitted to the Director annually by December 31, 2024.

Sources: Home's emergency planning attestation form; Interview with the Chief Executive Officer