

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: December 16, 2025
Inspection Number: 2025-1500-0007
Inspection Type: Complaint 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): November 26-28, 2025 and December 1-4, 8, 9, 16, 2025

The inspection occurred offsite on the following date(s): December 5, 10-12, 15, 2025

The following intake was inspected in this Follow-Up inspection:

- Intake: #00159822 - compliance order related to Plan of Care under inspection #2025-1500-0006

The following intake was inspected in this Complaint inspection:

- Intake: #00161398 - related to medication management; staffing, training and care standards; reporting and complaints; prevention of abuse and neglect; and falls prevention and management.

The following intakes were inspected in this Critical Incident System (CIS) inspection:

- Intake: #00158638 [CIS: 3003-000023-25] and #00160859 [CIS: 3003-000028-25] - related to resident-to-resident abuse

- Intake: #00160013 [CIS: 3003-000025-25] and Intake: #00162078 [CIS: 3003-000030-25] - related to a fall of residents resulting in an injury

- Intake: #00160817 [CIS: 3003-000027-25] - related to incompetent/improper care of a resident

- Intake: #00161801 [CIS: 3003-000029-25] - related to a disease outbreak

Previously Issued Compliance Order(s)

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The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2025-1500-0006 related to FLTCA, 2021, s. 6 (4) (a)

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

- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Reporting and Complaints
- 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 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

A resident's plan of care directed staff to assist a resident in two specified manners when performing a type of exercise. However, a Physiotherapist (PT) confirmed that the staff should assist the resident in one of the specified manner when performing a type of exercise due to the resident's health diagnosis, which can increase their risk for falls.

Sources: A resident's clinical records, and interview with PT.

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (4) (b)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different

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aspects of care of the resident collaborate with each other,
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

A physician was not contacted on approximately 22 occasions over a period of approximately 13 weeks, when the registered nursing staff held a resident's medication.

Sources: A resident's clinical records; and interviews with registered nursing staff, and a physician.

WRITTEN NOTIFICATION: Plan of Care

NC #003 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.

A resident's plan of care specified for the resident to have their communication and response system device within reach as a falls intervention. An observation revealed that the device was not within their reach.

Sources: Observation, review of a resident's clinical records, interviews with an Registered Practical Nurse (RPN) and the Administrator.

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

i) There were approximately five occasions identified over a period of approximately 13 weeks, where a resident's medication was not administered by an RPN and there was no documentation.

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Sources: A resident's clinical records, and interview with an RPN.

ii) An RPN confirmed that they had contacted a physician regarding a resident's injury sustained from a fall. However, the RPN had not documented the physician's recommendations related to the resident's injuries.

Sources: A resident's clinical records; Home's investigation notes; and interview with an RPN.

WRITTEN NOTIFICATION: Plan of Care

NC #005 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;
or

Following admission to the home, a resident's care needs changed and the resident required use of a mobility device. The resident's care plan was not revised to reflect that the resident required this mobility device.

Sources: A resident's clinical records, interviews with an RPN, a PT, and the Resident Assessment Instrument-Minimum Data Set (RAI-MDS) Coordinator.

WRITTEN NOTIFICATION: Duty to Protect

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

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

Ontario Regulation (O. Reg) 246/22 section (s.) 2 defines "sexual abuse" as any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member.

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Resident #007 was not protected from abuse from resident #006 when resident #006 demonstrated behaviours of sexual nature directed towards resident #007 on three occasions over a period of time.

Review of resident #006's clinical records and interventions to address their behaviour had indicated that none were developed or implemented to prevent further incidents.

Several nursing staff reported that resident #006 had a history of inappropriately touching resident #007. A Personal Support Worker (PSW) reported that they had observed resident #006 touching resident #007 inappropriately but no actions were taken.

On another occasion, resident #006 was observed inappropriately touching resident #007. The residents were separated, but no further interventions were initiated and the incident was not immediately reported. Two registered nursing staff were unclear of the actions taken or reporting requirements when they became aware of the incident.

The Administrator reported that resident #007 did not provide consent.

These repeated incidents have placed resident #007 at risk for negative health outcomes.

Sources: Multiple residents' clinical records, home's investigation file, interviews with several nursing staff and the Administrator.

WRITTEN NOTIFICATION: Policy to Promote Zero Tolerance

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The home's zero tolerance of abuse and neglect policy indicated that upon awareness

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of any alleged or actual incidents of abuse or neglect, the Physician is to be notified for further assessment if required to and communicate the status of the resident.

A witnessed incident of abuse between two residents occurred. The Physician was not notified until a day later.

Sources: A Critical incident (CI) report, A resident's progress notes, home's investigation file, home's policy for Zero Tolerance of Resident Abuse and Neglect: Response and Reporting, interviews with a physician, the Administrator and other staff.

WRITTEN NOTIFICATION: Complaints Procedure- Licensee

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

A resident's Substitute Decision Maker (SDM) sent a written communication expressing ongoing concerns about two residents, and the implementation of interventions related to an incident. The Administrator acknowledged that this complaint was not reported to the Director immediately.

Sources: A resident's SDM's written communication with the licensee, and Interview with the Administrator.

WRITTEN NOTIFICATION: Reporting Certain Matters to Director

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 28 (1) 1.

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

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which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The home initiated an investigation related to improper or incompetent treatment or care provided to a resident. A CI report was not submitted until two days later.

Sources: A CI report; and home's investigation notes.

WRITTEN NOTIFICATION: Reporting Certain Matters to Director

NC #010 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 witnessed incident of abuse between two residents occurred.

The home did not immediately report the incident of witnessed abuse to the Director until the next day.

Sources: A CI report, two residents' progress notes and interviews with the Administrator and other staff.

WRITTEN NOTIFICATION: Required Programs

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

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A resident required the use of a device as part of the home's fall prevention and management program.

The Administrator confirmed that as per the home's investigation, the device was not applied at the time of the resident's fall. They confirmed that the PSW did not implement the home's fall prevention and management program.

Sources: A resident's plan of care; Home's investigation notes; Interviews with a PSW and the Administrator.

WRITTEN NOTIFICATION: Required Programs

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.

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:

4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

The home's pain management policy indicated that staff were required to complete a comprehensive pain assessment when a resident complains of a new pain. An RPN did not complete this assessment when a resident complained of pain after a fall incident.

Sources: A resident's clinical records; Home's investigation notes; Home's pain management policy; and interviews with an RPN and the Administrator.

WRITTEN NOTIFICATION: Responsive Behaviours

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are

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documented.

A CI was submitted to the Director in relation to abuse by a resident towards another resident. A monitoring record was initiated, and the resident required monitoring to be completed on a specified frequency over a period of time.

A review of the record for the resident identified missing entries on multiple days.

Sources: A resident's clinical records, interview with a Behavioural Support Ontario (BSO) Manager.

WRITTEN NOTIFICATION: Police Notification

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 105

Police notification

s. 105. Every licensee of a long-term care home shall ensure that the appropriate police service is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence. O. Reg. 246/22, s. 105, 390 (2).

A team lead was notified of an alleged abuse incident between two residents. The police force was not notified until the following day.

Sources: Review of home's investigation file, and interviews with a team lead and the Administrator.

WRITTEN NOTIFICATION: Administration of Drugs

NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 140 (1)

Administration of drugs

s. 140 (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 246/22, s. 140 (1).

An RPN administered another resident's medication that had not been prescribed to a

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resident.

Sources: A Medication Incident Report, Two residents' clinical records; and interviews with an RPN and the Administrator.

WRITTEN NOTIFICATION: Hiring Staff, Accepting Volunteers

NC #016 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 252 (2) (b)

Hiring staff, accepting volunteers

s. 252 (2) The police record check must be,

(b) conducted within six months before the staff member is hired or the volunteer is accepted by the licensee.

A review of employee files for three staff members noted the police record checks were not conducted within the required six months before a staff was hired. The vulnerable sector check on file for three staff ranged from one to four months after the date of hire.

Sources: Vulnerable sector checks for three staff, home's policy for "Recruitment and Selection", and interview with the Administrator.

WRITTEN NOTIFICATION: Hiring Staff, Accepting Volunteers

NC #017 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 252 (4)

Hiring staff, accepting volunteers

s. 252 (4) The licensee shall require that the person provide the licensee, before the person is hired as a staff member or accepted as a volunteer, with a signed declaration disclosing the following:

1. All the following that occurred with respect to the person:
 - i. every charge for an offence prescribed under subsection 255 (1) with which the person has been charged,
 - ii. every order of a judge or justice of the peace made against the person in respect of an offence prescribed under subsection 255 (1), including a peace bond, probation order, prohibition order or warrant to arrest, and
 - iii. every conviction for an offence prescribed under subsection 255 (1) or any other outcome of a charge for such an offence.

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2. All the following that occurred with respect to the person:
- i. every commencement of a proceeding that could lead to a finding of guilt of an act of misconduct prescribed under subsection 255 (2), and
 - ii. every finding of guilt of an act of misconduct prescribed under subsection 255 (2).

The home's policy for recruitment and selection states as part of the hiring process, staff were to sign an Offence Declaration on the start date.

A review of an employee file for a staff member noted the signed offence declaration was completed six months after the staff was hired.

Sources: Review of an employee file, home's policy "Recruitment and Selection", and interview with the Administrator.

WRITTEN NOTIFICATION: Resident Records

NC #018 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 274 (a)

Resident records

s. 274. Every licensee of a long-term care home shall ensure that,
(a) a written record is created and maintained for each resident of the home; and

A monitoring tool was initiated for a resident, following an abuse incident with another resident. The document could not be produced when it was requested from the home.

Sources: A resident's clinical records, interview with the BSO Manager.

COMPLIANCE ORDER CO #001 Falls Prevention and Management

NC #019 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

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

The licensee shall:

- 1) Provide re-training to all registered nursing staff on a Resident Home Area (RHA) on the home's falls prevention and management policy, including, but not limited to, implementing appropriate falls precautions based on the resident's falls risk assessment upon admission to the home.
- 2) Maintain a written record of the training provided, including the date(s) the training were completed, content of the training provided, names and designation of the staff who received the training, and the name the staff that provided the education.
- 3) Conduct at minimum, five random audits on newly admitted residents on ensuring the implementation of appropriate falls precautions based on the resident's falls risk assessment at admission. If there are not at least five residents admitted to the home after the service of this order and prior to the compliance due date, the home may choose to conduct random audits on residents who were admitted within the past six months from the date of this order, until at least five residents are audited.
- 4) Conduct at minimum, five random audits on ensuring the completion of the clinical monitoring record for any fall incidents of a resident that require it, that occur during an RPN's shift, after the service of this order. If there are not at least five residents whom require clinical monitoring after the service of this order and prior to the compliance due date, the home may choose to conduct random audits on residents who received a clinical monitoring from the RPN within the past three months from the date of this order, until at least five residents are audited.
- 5) Maintain a record of the audits conducted, including the dates and times the audit were conducted, the name of staff who conducted the audit, results of the audit, and corrective actions taken to address the audit findings, if any.

Grounds

- i) The home's falls policy indicated enhanced fall precautions were applied for residents whom may benefit from the interventions based on their fall risk assessments. A

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resident was admitted on a specified date, and was assessed to be at risk for falls by a registered nursing staff. This registered nursing staff indicated they had not implemented any additional fall prevention interventions after completing resident's fall risk assessment. A falls prevention intervention was implemented after the resident had a referral. However, there were no additional fall prevention interventions that were implemented based on the resident's assessment as being at risk for falls as per the home's falls prevention policy.

Sources: Home's Falls Prevention and Management Policy; A resident's review of their plan of care and assessments; Interview with a registered nursing staff.

ii) The home's falls policy indicated that the home will implement Universal Precaution for all residents. A resident was admitted on a specified date, and there were no universal falls precautions implemented for the resident. The resident sustained a fall requiring further health intervention and had a significant change in health status.

Sources: A resident's clinical records, Home's Falls Prevention and Management Policy, and interviews with a PT and the Administrator.

iii) The home's falls policy indicated that staff were required to complete a monitoring record on a specific interval over a period of time when a resident sustain an injury. A resident sustained an injury after a fall. An RPN completed the first parts of the monitoring record and did not complete the second half.

Sources: A resident's clinical records; Home's investigation notes; Home's Falls Prevention and Management Policy; and interview with an RPN.

Failure to ensure that staff completed falls assessments and implement interventions in accordance to the home's falls policy for residents could lead to further injuries and complications.

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This order must be complied with by February 6, 2026

COMPLIANCE ORDER CO #002 Administration of Drugs

NC #020 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 140 (2)

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

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

The licensee shall:

- 1) Provide re-training to three RPNs and a Registered Nurse (RN), and any other registered nursing staff on an RHA with concerns related to the medication administration to a resident that the home has identified. The training includes, but not limited to, on the current College of Nurses of Ontario (CNO) Practice Standard for Medication, and review of the home's Medication Administration policy, with a focus on collaborating with the prescriber to support safe medication administration practices as reflected in the practice standard.
- 2) Maintain a written record of the training provided, including the date(s) the training were completed, content of the training provided, names and designation of the staff who received the training, and the name the staff that provided the education.
- 3) Complete a root cause analysis to determine the circumstances and contributing factors related to the medication incident for a resident, and staff holding another resident's medication without collaborating with the prescriber.
- 4) From the analysis, develop and implement an action plan to address the identified

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gaps, including any necessary follow-up actions.

5) Maintain detailed documentation of the root cause analysis, action plan and implementation of the action plan, including when and who was involved in the implementation.

Grounds

i) An RPN was observed administering a medication to a resident. The resident's Medication Administration Record (MAR) indicated that they were prescribed a dose that was less than what was observed administered to the resident.

Sources: Observations; A resident's clinical records, and interview with the Administrator.

ii) Between a period of approximately 13 weeks, a resident's medication administration record indicated there were approximately 17 occasions where the resident's medication was not administered in accordance with the directions by the prescriber. There were no prescriber directions received by the registered nursing staff to hold this resident's medication.

Sources: A resident's clinical records, and interviews with two RPNs an RN, a physician, and the Administrator.

Failure to ensure that medications were administered in accordance with the directions by the prescriber could lead to adverse health effects for residents.



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

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This order must be complied with by February 6, 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, 8th floor
Toronto, ON, M7A 1N3
e-mail: 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, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: 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.