

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: February 10, 2026

Inspection Number: 2026-1500-0001

Inspection Type:
Proactive Compliance Inspection

Licensee: Nisbet Lodge

Long Term Care Home and City: Nisbet Lodge, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 28-30, February 2-6, 9, 10, 2026

The following intake(s) were inspected:

- Intake: #00168715 - Proactive Compliance Inspection

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

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

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

Non-compliance with: O. Reg. 246/22, s. 24 (1)

Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

A review of the licensee's air temperature logs identified that the long-term care home was not consistently maintained at 22 degrees Celsius on multiple dates.

Sources: Home's air temperature logs; and interview with Director of Property Services.

WRITTEN NOTIFICATION: Dress

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

Non-compliance with: O. Reg. 246/22, s. 44

Dress

s. 44. Every licensee of a long-term care home shall ensure that each resident of the home is assisted with getting dressed as required, and is dressed appropriately, suitable to the time of day and in keeping with the resident's preferences, in their own clean clothing and in appropriate clean footwear.

A resident was observed dressed inappropriately in their room. The resident's plan of care did not indicate a preference for the clothing being worn.

Sources: Resident's clinical records; observations; and interview with a Personal Support Worker (PSW) and Registered Practical Nurse (RPN).

WRITTEN NOTIFICATION: Required programs

NC #003 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:

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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 the nurse will screen residents routinely to identify the presence of pain, and completing pain monitoring routinely.

A resident required a pain assessment to be completed at a specific interval. The resident's pain assessment were not completed as required.

Sources: Resident's clinical records; Home's policy "CARE12-P10 Pain Management;" and interviews with a Registered Nurse (RN) and Assistant Director of Care (ADOC).

WRITTEN NOTIFICATION: Skin and wound care

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

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

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

A resident had altered skin integrity and required a weekly wound assessment to be completed. A review of the resident's health records indicated that the assessments were not completed as required.

Sources: Health records for a resident; and interview with Skin & Wound Lead.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #005 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,

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(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

A PSW did not remove their mask or disinfect their face shield after providing care to a resident, who was on droplet contact precautions.

Sources: Observations; IPAC Standard for Long-Term Care Home (April 2022, revised September 2023); and interviews with a PSW and Infection Prevention and Control (IPAC) Lead.