

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 24, 2026
Inspection Number: 2026-1057-0002
Inspection Type: Complaint Follow up
Licensee: Norwood Nursing Home Limited
Long Term Care Home and City: Norwood Nursing Home, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 27 to 29, 2026 and February 2 to 6, and 9 to 13, and 24, 2026.

The inspection occurred offsite on the following date(s): January 30, 2026 and February 9, 12 to 13, 17 to 20, and 23, 2026.

The following intake(s) were inspected:

- Intake: #00168239, Complaint related to multiple issues.
- Intake: #00169828 - Follow-up of Immediate Compliance Order related to Air Temperature.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #901 from Inspection #2026-1057-0002 related to O. Reg. 246/22, s. 24 (1)

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

- Resident Care and Support Services
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control
- Safe and Secure Home
- Staffing, Training and Care Standards
- Reporting and Complaints
- Recreational and Social Activities

INSPECTION RESULTS

IMMEDIATE COMPLIANCE ORDER [ICO #901] Air temperature

NC #001 Immediate Compliance Order (ICO)

O. Reg. 246/22, s. 24 (1), served on February 5, 2026

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.

This ICO was complied during this inspection.

Date Complied: February 18, 2026

WRITTEN NOTIFICATION: Designated lead - housekeeping, laundry, maintenance

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

Non-compliance with: O. Reg. 246/22, s. 98 (2) (a)

Designated lead — housekeeping, laundry, maintenance

s. 98 (2) The licensee shall ensure that the designated lead has the skills, knowledge and experience to perform the role, including,

(a) knowledge of evidence-based practices and, if there are none, prevailing practices relating to housekeeping, laundry and maintenance, as applicable; and

The home was not maintained by the designated lead, in accordance with evidence-based and prevailing practices.

Infection Prevention and Control (IPAC) best practices for walls, floors and furnishings indicated that fabrics and porous plastics such as polyurethane and polypropylene should not be used on these surfaces. The surfaces should be seamless, non-porous and smooth, as seams and porous surfaces harbors microorganisms which are difficult to clean and disinfect and increase infection transmission. Duct tape was used on vinyl flooring, patio doors and windows in the sun rooms were covered with plastic as a form

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

of insulation from cold air and walls throughout the home had some holes, exposed drywall and metal plating, unpainted plaster and scratches. Residents' closets were warped, chipped, cracked and the veneer was peeling off, exposing the unfinished wood.

The use of plastic coverings on patio doors interfered with natural ventilation to remove any stagnant air required for Infection Prevention and Control (IPAC), blocked natural light and could be a tripping hazard for residents. Patio door frames were not properly insulated leading to this practice.

Sources: Observations, review of Provincial Infectious Diseases Advisory Committee (PIDAC), "Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition, 1st revision: November 2025" and Public Health Ontario, "Infection Prevention and Control for Long-Term Care Homes Summary of Key Principles and Best Practices, Guide December 2020"; and interviews with the management.

WRITTEN NOTIFICATION: Doors in a home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

a) Multiple observations identified the Tub room door was unlocked, with grooming products visible inside. Further observations on the same day identified that the Clean Linen room door was not kept closed at all times. A Registered staff acknowledged that the tub room door was left unlocked and the clean utility room door was not closed. There was increased risk to residents as a result of these doors not being locked.

Sources: Observations and Interview with registered staff.

b) Multiple observations identified the tub room was left unlocked. A manager confirmed

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

that the tub room door was to remain locked and closed.

Another observation noted linen room door was unlocked, with key accessible. A registered staff confirmed that the door was supposed to be locked with key not accessible, however indicated that sometimes on night shift, staff kept it open.

Sources: Observations and Interviews with Registered staff and management.

WRITTEN NOTIFICATION: Air temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (2) 1.

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home.

Temperature logs revealed multiple blank entries for temperature recordings of at least two resident bedrooms during a specific time period. Two registered staff and a manager all acknowledged that staff failed to record and document the temperature in two resident bedrooms in different parts of the home within that time period.

Sources: Temperature logs, Interviews with registered staff and a manager.

WRITTEN NOTIFICATION: Air temperature

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 24 (2) 2.

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.

Temperature logs revealed multiple blank entries for temperature recordings of the TV room in a specific time period. Two registered staff and a manager all acknowledged that staff failed to record and document the temperature in the TV room during a

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

specific time period.

Sources: Temperature logs, Interviews with registered staff and a manager.

WRITTEN NOTIFICATION: Air temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (3)

Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

Temperature logs revealed multiple blank entries for temperature recordings across the three required times in a specific time period.

Two registered staff and a manager all acknowledged that staff failed to record and document the temperature once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night within a specific time period.

Sources: Temperature logs, Interviews with registered staff and management.

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: O. Reg. 246/22, s. 29 (3) 16.

Plan of care

s. 29 (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

16. Activity patterns and pursuits.

Plans of care for three residents were not based on interdisciplinary assessments of their activity patterns and pursuits. A recreational activity staff and a manager both acknowledged that this section was missed on these residents' plans of care.

Sources: Three residents' clinical records, Recreation Planning Policy (REC-III-01, dated September 23, 2025), Interviews with management.

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

WRITTEN NOTIFICATION: Recreational and social activities program

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

Non-compliance with: O. Reg. 246/22, s. 71 (2) (c)

Recreational and social activities program

s. 71 (2) Every licensee of a long-term care home shall ensure that the program includes,

(c) recreation and social activities that include a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents of the home and reflect their interests;

A review of the home's activity calendar for the period of November 2025 to February 2026, revealed no outdoor recreation activities were scheduled for residents.

Recreational staff and a manager all advised that the home offered one outdoor activity to residents since 2023.

Sources: Interviews with recreational staff and a manager.

WRITTEN NOTIFICATION: Housekeeping

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

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

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,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and

Two walls in a resident's room were visibly soiled with splash and streak marks. A manager indicated it was part of the housekeeper's daily routine to check resident walls and clean when required.

Sources: Observations and interview with a manager.

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

WRITTEN NOTIFICATION: Director of Nursing and Personal Care

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 250 (1) 4.

Director of Nursing and Personal Care

s. 250 (1) Every licensee of a long-term care home shall ensure that the home's Director of Nursing and Personal Care works regularly in that position on site at the home for the following amount of time per week:

4. In a home with a licensed bed capacity of more than 39 but fewer than 65 beds, at least 24 hours per week.

The Administrator/DOC, verified that they did not work on site as the Director of Care, for the the required 24 hours per week.

Sources: Interview with the Administrator/DOC.

COMPLIANCE ORDER CO #001 Home to be safe, secure environment

NC #011 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 5

Home to be safe, secure environment

s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

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

- a. Remove broken bed from a resident's room.
- b. Ensure a resident's bed and their belongings remain in the resident's designated space.
- c. Develop and implement a process to track progress and completion of repair requests for the home, furnishings and equipment.
- d. Train all management and maintenance staff on the process.
- e. Keep a written record of the plan, who created the plan, who was trained on the plan, what the training included, and who conducted the training.

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

Grounds

a. An observation of a resident's room had a broken bed with a sign to not use. This broken bed was noted in an area of the resident's room where their personal belongings were stored. A staff indicated that resident's bed broke, and the resident was moved to another bed in a different location.

A manager confirmed that the resident should have remained on their original location and the broken bed should have been changed, and resident should not have been displaced from their location. The manager confirmed the bed was broken, and had remained in resident's room.

There was risk to residents in the home as the broken bed in resident's room was unsafe. There was potential impact to resident's quality of life when they were displaced from their space.

Sources: Observations, Interviews with a staff and a manager.

b. A repair log entry, indicated that a piece was broken on the resident's bed. A registered staff indicated they were not aware of the broken bed, and that it should have either been replaced or repaired. The registered staff later confirmed that when the broken bed moved, it would "jiggle".

There was risk to resident as a result of remaining in a broken bed.

Sources: Review repair log binder; Interviews with a registered staff and a manager.

This order must be complied with by March 31, 2026

COMPLIANCE ORDER CO #002 Bedtime and rest routines

NC #012 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 45

Bedtime and rest routines

s. 45. Every licensee of a long-term care home shall ensure that each resident of the home has the resident's desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep.

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

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

- a. Complete and document assessments for all residents to identify their sleep and rest patterns. Residents who are unable to communicate preferences, their Power of Attorney (POA) to be contacted to inform their sleep preferences.
- b. Ensure all residents sleep preferences are identified in their plan of care.
- c. Redevelop Personal Support Worker (PSW) job routines to take into account residents' sleep preferences in relation to PSW job duties and morning care. Keep a written record of the changes made to the job routines, who was involved in redeveloping them, and the dates the changes were made.
- d. Retrain all PSWs on the redeveloped job routines. Maintain a written record of who was trained and the contents of the training.

Grounds

Multiple residents did not have their rest routines individualized to promote comfort, rest and sleep. Specifically, multiple residents were assigned to be provided morning care on night shift.

Review of PSW job routines indicated that PSWs were to commence preparing assigned residents for the day at a specific time. The job routine also specified that residents were to be washed, dressed, and groomed. A manager confirmed that multiple residents Power of Attorneys' were not informed of this routine. They acknowledged that the residents receiving morning care on the nights was due to workload reasons and not based on residents' preferences.

Multiple residents were currently assigned for morning care by the night shift. None of the residents had their sleep preferences identified in their care plan.

Observations revealed that resident care on night shift began before the scheduled time that was indicated on the PSWs job routine.

A resident confirmed that they were woken up early for care and would prefer to sleep in later. The resident further confirmed that there were times during breakfast and lunch where they were "too sleepy" because they were woken up early.

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

There was increased risk and impact to residents as a result of not individualizing residents rest routines to promote comfort, rest and sleep, as workload was prioritized over resident sleep preferences.

Sources: Observations; Review of PSW Job Routine; Residents' Care Plans; Interviews with a manager and a resident.

This order must be complied with by March 31, 2026

This compliance order is also considered a written notification and is being referred to the Director for further action by the Director.

COMPLIANCE ORDER CO #003 Accommodation services

NC #013 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with FLTCA, 2021, s. 19 (2) (c) [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to: A repair or replacement strategy for the remediation of maintenance issues related to the home's walls, flooring, furnishings and equipment. The strategy must address the following specific areas:

- a) Placement of an appropriate cover approved for baseboard heaters to cover the exposed heating coils in a resident room.
- b) The repair of resident wardrobes in multiple rooms.
- c) An audit of all resident wardrobes to identify and additional wardrobes that require repair or replacement.
- d) Replacement of the bedside table in a resident room.
- e) An audit of all resident bedside tables to identify tables that are not in a good state of repair.
- f) For steps c and e, a record must be maintained of the audits, which includes, the name of the audits, date(s) the audits were conducted, name and designation of the person who conducted the audits, name of resident and resident rooms that were

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

audited, outcome of the audits, and actions taken if any.

g) Procurement and installation of alternative product(s) and/or solution(s) to address damaged and lifted vinyl flooring throughout the home to eliminate the use of duct tape on the floors. The product(s) procured and or solution(s) must be in accordance with PIDAC best practices.

h) Conduct an audit of the vinyl flooring throughout the home (including resident rooms, common areas and hallways) to identify areas where the sub-floor is exposed, vinyl has lifted, cracks and other areas that are damaged and require repair.

i) Maintain a written record of the audit in step (h) of the audit, which includes, the name of the audit, date(s) the audit was conducted, name and designation of the person who conducted the audit, location and resident rooms that were audited, outcome of the audits, and actions taken if any.

j) The repair of vinyl flooring in multiple resident rooms and other areas of the the home, based on the outcome of the floor audit.

k) Conduct an audit of all walls and handrails in RHAs to identify areas with holes, cracks, scuffed, scratched, unpainted plaster, exposed drywall and metal plating on wall corners, and areas that require any painting/staining.

l) A record must be maintained of the audit, which includes, the name of the audit, date(s) the audit was conducted, name and designation of person who conducted the audit, location and resident rooms that were audited, outcome of the audits, and actions taken if any.

m) The repair of walls in RHAs' hallways, television lounges and sunrooms, resident rooms and other areas and resident rooms based on the outcome of the audit conducted.

n) The repair of the handrails in RHAs. Maintain a record of the date(s) when the work was completed and the person(s) who completed the work.

o) A schedule that specifies the timeline when the aforementioned items will be repaired and or replaced, actions to be taken, date(s) when work was initiated and completed, and name of person/contractor who completed the work.

p) A record of all maintenance work logs, work orders and/or invoices for all work completed.

Please submit the written plan for achieving compliance for inspection #2026-1057-0002 to LTC Homes Inspector by email by March 13, 2026.

Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds

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

On three separate observations, the home, furnishings and equipment were not maintained in a safe condition and in a good state of repair.

The following were observed:

- RHA Lounge/Sun Room - plastic covering on patio doors ripped with plastic hanging on the floor creating a trip hazard for residents;
- Three resident rooms - An area of the baseboard heater was missing a cover which exposed the heating coils; Bedside table-top had three large gaps which exposed the particleboard; Hole in the wall with exposed television cable;
- Resident wardrobes were warped and the veneer strip was peeling in multiple rooms;
- Walls in the hallways, common areas and in resident rooms throughout the home had areas where the walls were scuffed and scratched, unpainted plastered areas, holes and exposed drywall and metal plating on wall corners in RHAs' hallways, television lounges and sun rooms, and in multiple resident rooms;
- Handrails in RHAs were scratched and areas that were repaired were unpainted;
- Vinyl flooring - Duct tape was used at doorway thresholds into resident rooms, lounges and sun rooms in the RHAs to prevent the vinyl flooring from lifting. The duct tape were ripped, peeling off and had tears;
- Damaged vinyl flooring - The vinyl flooring had areas with cracks, missing vinyl and some had lifted exposing the sub-floor in multiple resident rooms.

A manager acknowledged that the home had not been kept in a good state of repair.

The residents were at an increased risk for infections, accidents, injuries, falls and reduced quality of life, mental and physical well being, when the home, furnishings and equipment were not maintained in a safe condition and in a good state of repair.

Sources: Observations; and interviews with a manager.

This order must be complied with by July 10, 2026

This compliance order is also considered a written notification and is being referred to the Director for further action by the Director.

COMPLIANCE ORDER CO #004 Furnishings

NC #014 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

Non-compliance with: O. Reg. 246/22, s. 15 (2) (e)

Furnishings

s. 15 (2) The licensee shall ensure that,

(e) a comfortable easy chair is provided for every resident in the resident's bedroom, or that a resident who wishes to provide their own comfortable easy chair is accommodated in doing so; and

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

a) Ensure a comfortable easy chair is provided for every resident in their bedroom, unless a resident prefers their own chair.

b) Keep a documented record of all residents in the home and if they were provided an easy chair or preferred to have their own personal chair.

c) Maintain a written record for any resident who declines the provision of an easy chair including date of any discussions with a resident/Substitute Decision Maker (SDM).

Grounds

Observations identified that multiple resident rooms on different units, did not have any chairs in the room. A manager confirmed that resident rooms did not come with chairs, unless provided by family members. Another manager confirmed that furnishings provided to residents in their rooms did not include a comfortable easy chair. Multiple residents confirmed they would like to have chairs in their rooms.

Failure to provide chairs in residents' rooms impacted residents quality of life.

Sources: Observations; Interviews with residents, and managers.

This order must be complied with by May 11, 2026

COMPLIANCE ORDER CO #005 Recreational and social activities program

NC #015 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 71 (2) (b)

Recreational and social activities program

s. 71 (2) Every licensee of a long-term care home shall ensure that the program

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

includes,

(b) the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends;

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

- a) Implement a recreation and social activity program for residents on evenings.
- b) The recreation and social activity program should be based on residents expressed interest and preference. Residents who are unable to communicate their preferences shall have their Substitute Decision-Maker (SDM) or POA consulted.
- c) Keep a written record of the recreation and social activity program completed assessments, who completed the assessments, the date and time the assessments were completed, and any corrective actions taken based on these assessments.

Grounds

Residents of a unit were observed with no evening recreation and social activities offered by the home. The recreational activity calendars for the last four months (November 2025 through February 2026), listed no recreation and social activities after 1500 hours. Registered staff, recreational staff and a manager all confirmed that the home does not offer residents any recreation and social activities in the evenings. The home last evening recreation and social activities to residents was in September of 2023.

Failure to offer evening recreation and social activities place residents at increased risk for social isolation and worsened mental health.

Sources: Observation, Recreational Activity Calendars for September of 2023, November to December of 2025, and January to February of 2026, Activity Shift Report for 2023, and Interviews with a registered staff, recreational staff, and a manager.

This order must be complied with by March 31, 2026

COMPLIANCE ORDER CO #006 Maintenance services

NC #016 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

Non-compliance with: O. Reg. 246/22, s. 96 (1) (b)

Maintenance services

s. 96 (1) As part of the organized program of maintenance services under clause 19 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance.

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

- a) Develop, maintain, and implement written maintenance policies, procedures, and schedules for the routine, preventative, and remedial maintenance of all heating, ventilation, and air conditioning (HVAC) equipment, doors and laundry machines. This must include the frequency of preventative audits and identify the person responsible for completing them.
- b) Ensure that audits are completed at the required frequency and that appropriate corrective actions are taken as outlined in the maintenance procedure.
- c) Maintain a written record of all audits and corrective actions, including the date completed and the name of the individual who the work was completed by.
- d) Re-educate all registered staff and maintenance staff on the home's air temperature policy including responding to concerns, and temperatures outside acceptable range, measuring and recording air temperatures in accordance with the home's Air Temperature Monitoring policy, implementing corrective actions when temperatures are outside the acceptable range, documenting and notifying the relevant maintenance staff if equipment is not in working order.
- e) Maintain a written record of the education provided including the dates, names, roles, and signatures of the trained staff members.

Grounds

a) It was observed that one of the home's laundry machines was non-operational. According to the home's Preventative Maintenance Procedure, washing machines must be maintained on a quarterly basis. A manager acknowledged that quarterly maintenance had not been completed. This lack of maintenance resulted in a staff being unable to wash and dry linens on a specific date.

Sources: Observations of the laundry room and a staff, Preventative Maintenance Procedure (July 2, 2024) and interview with a Manager.

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

b) Registered staff on a unit emailed a manager and the Administrator advising that the temperature in that unit's TV room was below 22 degree Celsius. Although the manager provided portable heaters, the HVAC contractor was not contacted to assess or service the heating system until several weeks later. Temperature logs readings for this room were as low as five degrees Celsius on multiple days for several months, even after portable heaters were provided. A manager indicated that the temperatures logs were not reviewed or evaluated to determine if the portable heaters were effective in maintaining a minimum temperature of 22 degrees Celsius.

A resident was observed approaching the TV room and was redirected by a registered staff advising that the room was cold. Several other observations revealed that the patio doors of this room were covered with plastic. A manager advised that they have been covering the doors for several years to prevent cold air from entering the building. They acknowledged this was due to inadequate insulation in the patio doors.

Maintaining the TV room temperature as low as five degrees Celsius on multiple days render the space unsafe for residents and residents being turned away because it was too cold.

Sources: Observations, emails, temperature logs, Facility Air Temperature Policy (Reviewed Feb 6, 2025, NUM-II-17), Interviews with a registered staff and a manager.

c) Multiple observations revealed walls in common areas, hallways, resident rooms were scuffed, chipped, had exposed drywall, metal plating, unpainted drywall and holes. The handrails in RHAs were scratched and chipped and had unpainted areas.

A manager acknowledged that work to repair the walls and handrails were not scheduled as part of their routine, preventative and remedial maintenance.

Sources: Observations and interviews with a manager.

This order must be complied with by May 11, 2026

COMPLIANCE ORDER CO #007 Maintenance services

NC #017 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

Non-compliance with: O. Reg. 246/22, s. 96 (2) (b)

Maintenance services

s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;

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

- a) Conduct an audit of all fall mats both being used by residents and in storage to determine if they are in a good state of repair.
- b) Maintain a record of the audit(s), including the date(s) of the audit, person who conducted the audit, name of the resident whose mat was audited, location of the mat audited, photos of the mats audited, date(s) the mats were replaced as per manufacturer's instructions, and any further action taken, in response to the audit.
- c) Re-train all housekeeping staff, all PSWs, all registered staff, and staff responsible for replacing mats on the manufacturer's instructions regarding the criteria when mats must no longer be used for residents.
- d) Re-train all housekeeping staff, all PSWs, all registered staff and staff responsible for replacing the mats on the process of reporting damaged floor mats for replacement.
- e) For steps c and d, maintain a record of the training, including the date(s) of the training, person who provided the training, staff who received the training and content and material(s) of the training provided.

Grounds

The home's impact reduction fall mats used for multiple residents were all damaged and not in a good state of repair. The mats had exposed foam, tears, holes and the anti-skid backing on a resident's mat was peeling off. The manufacturer's instructions indicated not to use if the cover had holes or tears, and damaged mats will allow interior foam to absorb moisture and harbor bacteria.

A manager indicated that the process for reporting damaged devices was not followed. The housekeeping staff, PSWs and registered staff were responsible to report any damaged devices, by having the registered staff notify the manager. A manager acknowledged the mats were damaged and not safe for the residents.

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

Residents were at risk of injury by using the damaged mats, exposed foam can harbor infectious agents that can spread infection to residents and staff, and cleaning and disinfection of the mats will not be effective.

Sources: Observations; record review of Floor Mat Audits, floor mats photos, PrimeMat 2.0 Impact Reduction Fall Mats manufacturer's instructions; and interviews with a manager.

This order must be complied with by May 11, 2026

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

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

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

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.



Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

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

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

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

**Immediate Compliance
Order**

Public Report

Report Issue Date: March 6, 2026
Inspection Number: 2026-1057-0002
Inspection Type: Complaint Follow up
Licensee: Norwood Nursing Home Limited
Long Term Care Home and City: Norwood Nursing Home, Toronto

INSPECTION REPORT SUMMARY

The inspection occurred on the following date(s): January 29, February 2 and 4, 2026.

COMPLIANCE ORDER[ICO #901] Air temperature

NC# 001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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.

The Inspector is ordering the licensee to:

FLTCA, 2021, s.155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act

Compliance Order: [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with O. Reg. 246/22, s. 24 (1)

1. Ensure that the second floor home area Television (TV) room's temperature is maintained at a minimum temperature of 22 degrees Celsius.

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

2. Record the second floor home area TV room's temperature once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every night for the period of two weeks.
3. Email temperature records of the second floor TV room weekly to the Toronto District Office.

Grounds

The second floor home area TV room's temperature was not maintained at a minimum temperature of 22 degrees Celsius. On multiple days, the temperature of the second floor's TV room ranged between nine degrees Celsius and 11 degrees Celsius. A Registered staff verified that the second floor home area TV room's temperature was nine degrees Celsius on a specific day.

A resident was observed approaching the second floor home area TV room and was redirected by the registered staff advising that the room was cold. A memo sent to staff, related to when any area in the home was found to be cold, directed staff to keep residents out of the second floor TV room or put an extra layer of clothing on residents.

Failure to maintain the second floor TV room temperature at a minimum of 22 degrees Celsius placed residents at increased risk of discomfort and health concerns.

Sources: Second floor's TV room's temperature and interview with a registered staff.

This order must be complied with by: February 6, 2026

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

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 Monetary 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

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

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; or
- (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.