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: December 18, 2025
Inspection Number: 2025-1503-0007
Inspection Type:
Complaint
Critical Incident

Licensee: Unity Health Toronto
Long Term Care Home and City: Providence Healthcare, Scarborough

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 3-5, 8-12, 15-16, and 18, 2025
The following Complaint intake(s) were inspected:
- Intake #00161563, #0164350, #00164751 and #00165193 were related to resident care and support services.

The following Critical Incident (CI) intakes were inspected:
- Intake #00162331-CI #3006-000067-25 was related to the prevention of abuse and neglect.
- Intake #00162389-CI #3006-000071-25 was related to fall prevention and management.

The following Critical Incident was completed:
- Intake #00162194-CI # 3006-000068-25 was related to resident care and support services.

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

Resident Care and Support Services
Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: FLTCA, 2021, s. 6 (1) (a)
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,
(a) the planned care for the resident;

The written plan of care for a resident did not set out the planned care for a resident. A resident had a fall prevention equipment, but this intervention was not included in their plan of care. The plan was updated to include the specified fall prevention equipment.

Sources: Review of a resident's clinical records, observation on a specified date, interviews with Resident Assistant (RA) and other staff.

Date Remedy Implemented: December 8, 2025.

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) (a)
Plan of care
s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

A Resident Assistant (RA) was aware that a resident was exhibiting symptoms of infection but did not report the resident's condition to the Registered Staff resulting in a resident not being immediately assessed.

Sources: A resident's clinical records and interviews with a RA and other staff.

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 scheduled to receive a medication at a specified time was not administered the medication on time.

Sources: A resident's clinical records and interview with a Registered Practical Nurse (RPN).

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #004 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 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 did not report to the Director that a RA transferred a resident without assistance, resulting in a fall with injury.

Sources: Resident #003's clinical records, internal Investigation record, Interviews with RPN and other staff.

WRITTEN NOTIFICATION: Transferring and positioning techniques

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

Non-compliance with: O. Reg. 246/22, s. 40
Transferring and positioning techniques
s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

A RA performed an unsafe transfer of a resident.

Sources: A resident's clinical records, Review of Safe Lifting, Transferring and Transporting Policy, Internal Investigation Records, Interview with a RA and other staff.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)
Infection prevention and control program
s. 102 (9) The licensee shall ensure that on every shift,
(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

A resident exhibited symptoms of infection and was not placed on additional precautions or isolated to reduce transmission.

Sources: A resident's clinical records, interviews with a Registered Nurse (RN) and other staff.

WRITTEN NOTIFICATION: Administration of drugs

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

i. A RN administered a medication to a resident as requested by a family member and not based on the prescriber's directions and an assessment showed that the resident was not experiencing symptoms.

Sources: A resident's clinical records and interview with a RN.

ii. A resident's prescribed medications were administered past there scheduled time.

Sources: Medication Audit report and interview with a RPN.

COMPLIANCE ORDER CO #001 Required Programs

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
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.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
1) Re-educate RA's on the home's Falls Prevention and Management policy, specifically on actions to take after a resident has fallen.
2) Re-educate RA's on home's policy on Safe Lifting, Transferring and Transporting.
3) Re-educate all Registered Nurses on specified units on the home's Falls Prevention and Management policy, specifically Head Injury Routine (HIR) monitoring, including the frequency of monitoring and the completion of head-to-toe assessments post fall.
4) Maintain a documented record of all the above re-education, including the contents, date(s), name of staff who provided the re-education, and staff signed attendance.
5) Conduct a minimum of two audits weekly of the specified RAs when transferring a resident using a transferring device.
6) Maintain a written record of audits conducted, including but not limited to: date of audits, resident name, name of auditor(s), type of transfers required and the type of transfer completed, name of staff, and any corrective actions taken in response to the audit.

Grounds

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the falls prevention and management program were complied with.

Specifically, the home’s Falls Prevention and Management policy outlined that registered staff are to assess a resident following a fall, including a head-to-toe assessment if there is suspicion of injury and following all un-witnessed falls and witnessed falls that have resulted in a possible head injury, conduct a HIR starting immediately, then every 30 minutes for one hour, then every 60 minutes for two hours, and then every four hours for eight hours and then every shift for two shifts post fall to monitor for signs of neurological changes.

a) A resident had a fall and sustained an injury on a specified date. The registered staff did not complete an assessment as required, and the monitoring tool was not completed at the appropriate intervals as part of the home's policy.

Failure to complete a full head-to-toe assessment after the resident had an unwitnessed fall with injury, placed the resident at risk for further injury; and failure to complete the monitoring tool as directed increased the risk of neurological changes being unnoticed.

Sources: A resident's clinical records, home's policy titled " Falls Prevention and Management", and interview with a RPN and other staff.

b) On a specified date a RA performed an unsafe transfer of a resident using a transferring device without assistance, resulting in a resident falling. The resident was moved before a registered staff could complete a assessment post-fall as well as the monitoring routine was not completed at the intervals outlined in the policy.

By not completing a assessment before the transfer, the resident was placed at risk for further injury, and the failure to complete assessments and monitoring at the required time intervals post-fall, increased the risk of neurological changes being undetected.

Sources: A resident's clinical records, review of home's Falls Prevention and Management Policy, internal investigation records, interviews with a RA and other staff.

This order must be complied with by January 28, 2026.

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

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.