

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

<b>Report Issue Date:</b> February 13, 2026
<b>Inspection Number:</b> 2026-1503-0001
<b>Inspection Type:</b> Complaint Critical Incident Follow up
<b>Licensee:</b> Unity Health Toronto
<b>Long Term Care Home and City:</b> Providence Healthcare, Scarborough

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 4-6, 9-13, 2026.

The following intake(s) were inspected:

- Intake: #00164088 - Critical Incident System (CIS) #3006-000074-25 - related to a disease outbreak.
- Intake: #00165654 - Follow-up to Compliance Order (CO) #001, from Inspection #2025-1503-0007, related to Required Programs under O. Reg. 246/22 - s. 53 (1) 1, Falls Prevention and Management, with Compliance Due Date (CDD) on Jan 28, 2025.
- Intake: #00165969 - CIS #3006-000081-25 - related to a fall with an injury.
- Intake: #00166796 - complaint related to abuse and multiple care concerns.
- Intake: #00167109 - complaint related to abuse, multiple care concerns, medication management, and skin and wound management.
- Intake: #00167367 - complaint related to abuse and neglect, improper transferring and positioning techniques, improper continence care and bowel management, skin and wound care, plan of care, and dealing with complaints.

## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance: Order #001 from Inspection #2025-1503-0007 related to O. Reg. 246/22, s. 53 (1) 1.

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

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Resident Care and Support Services  
Skin and Wound Prevention and Management  
Continence Care  
Medication Management  
Housekeeping, Laundry and Maintenance Services  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
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 (7)**

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The plan of care indicated that if an assistive device is used to reposition a resident, it should be removed after use. On a specified date, a Resident Assistant (RA) failed to remove the assistive device from the resident after use.

**Sources:** The home's Resident Care/Incident Log, a resident's written plan of care and an interview with a Clinical Operations Leader (COL).

### WRITTEN NOTIFICATION: Required Programs

NC #002 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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The home's Falls Prevention and Management policy outlined that registered staff are to initiate Head Injury Routine (HIR) for all unwitnessed falls and witnessed falls that have resulted in a possible head injury at predetermined levels.

On a specified date, a resident had an unwitnessed fall and was found with an injury. The HIR was initiated post-fall, however, was not completed at the appropriate timed increments as per the home's policy.

**Sources:** a resident's clinical records, Falls Prevention and Management policy, and interview with a COL.

## WRITTEN NOTIFICATION: Falls Prevention and Management

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

**Non-compliance with: O. Reg. 246/22, s. 54 (2)**

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

On a specified date, a resident had an unwitnessed fall. The post-fall assessment was not completed for the fall.

Sources: a resident's clinical records, Falls Prevention and Management policy, and interviews with a Registered Practical Nurse (RPN), a Registered Nurse (RN) and a COL.

## 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,

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

A resident was identified to have altered skin integrity on a specified date. The altered skin integrity was not consistently assessed at least weekly between a specified time period.

**Sources:** a resident's assessment records, interviews with two RPNs and the Director of Care (DOC).

### WRITTEN NOTIFICATION: Housekeeping

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

**Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (ii)**

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,  
(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids,

On a specified date, an RPN did not sanitize an equipment after using it for a resident.

**Sources:** Observation on a specified date, interviews with an RPN and the Infection Prevention and Control (IPAC) lead.

### 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 (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).

i) On a specified date, an RA was observed to have provided care to a resident who was on additional precautions without the required Personal Protective Equipment (PPE).

**Sources:** Observations on a specified date, interviews with an RA, the IPAC Lead and the DOC, review of the Routine Practices and Additional Precautions (RP AP) Policy.

ii) An RA's minimum routine practices did not include appropriate removal of PPE on a specified date.

**Sources:** Observations on a specified date, interviews with an RA and the IPAC Lead.

## **WRITTEN NOTIFICATION: Infection prevention and control program**

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

**Non-compliance with: O. Reg. 246/22, s. 102 (7) 11.**

Infection prevention and control program

s. 102 (7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:

11. Ensuring that there is in place a hand hygiene program in accordance with any standard or protocol issued by the Director under subsection (2) which includes, at a minimum, access to hand hygiene agents at point-of-care. O. Reg. 246/22, s. 102 (7).

On a specified date, an RPN and an RA were observed exiting two residents' rooms without performing hand hygiene and subsequently providing care to other residents.

**Sources:** Observation on a specified date, interviews with an RA, an RPN and the IPAC Lead.