

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: March 31, 2025

Inspection Number: 2025-1052-0002

Inspection Type:

Proactive Compliance Inspection

Licensee: Vigour Limited Partnership on behalf of Vigour General Partner Inc.

Long Term Care Home and City: Rockcliffe Community, Scarborough

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 19-21, 24-28, 31, 2025

The following intake(s) were inspected:

- Intake: #00142600 - 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

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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: O. Reg. 246/22, s. 265 (1) 10.

Posting of information

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:

10. The current version of the visitor policy made under section 267.

The licensee has failed to ensure that the current version of the visitor policy made under section 267 was posted in the home as required.

The visitor policy was subsequently posted.

Sources: Observations.

[740836]

Date Remedy Implemented: March 19, 2025

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WRITTEN NOTIFICATION: Air temperature

NC #002 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.

The licensee has failed to ensure that the temperature required to be measured under subsection (2) was documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. Review of the home's air temperature logs did not include documentation for the designated times on numerous days, as they were not measured and recorded.

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

[740836]

WRITTEN NOTIFICATION: Food Production

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

Non-compliance with: O. Reg. 246/22, s. 78 (2) (f)

Food production

s. 78 (2) The food production system must, at a minimum, provide for,
(f) communication to residents and staff of any menu substitutions; and

The licensee has failed to ensure that the food production system provided communication to residents of a menu substitution during a lunch meal.

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The Director of Dietary Services (DDS) indicated that a menu item was not available and the cook made a substitution, and the posted menu was not updated to communicate the menu substitution.

Sources: Menu Substitutions policy (XI-E-10.40); daily and weekly menu (Rockcliffe Sienna Living FW 2024/25 - Week 2 menu - Thursday - Lunch); Lunch observations, and interview with the DDS.

[646]

WRITTEN NOTIFICATION: Infection prevention and control

NC #004 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,

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

The licensee has failed to ensure the implementation of a standard issued by the Director with respect to Infection Prevention and Control (IPAC). Specifically, the home has failed to ensure proper use of personal protective equipment (PPE), including appropriate application of PPE in accordance with the IPAC Standard as required by Additional Precaution 9.1 (f) under the Standard.

A PSW was observed providing care to a resident who was on droplet/contact precautions, without the required eye protection.

Sources: Observations; IPAC Standard for Long-Term Care Homes (revised 2023); and interview with a PSW.

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[740836]

WRITTEN NOTIFICATION: Infection prevention and control

NC #005 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).

The licensee has failed to monitor symptoms that indicated the presence of infection for residents every shift.

A resident was listed on the home's respiratory outbreak line list.

There was no documentation related to symptom monitoring on numerous shifts on several different days.

Staff interview confirmed that there was no documentation completed for the resident on the specified dates.

Sources: Progress notes and staff interview.

[000856]