

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 2, 2026

Inspection Number: 2026-1052-0001

Inspection Type:

Complaint
Critical Incident

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): February 20, 23-27, 2026 and March 2, 2026

The inspection occurred offsite on the following date(s): February 27, 2026

The following intake(s) were inspected:

- Intake #00165631; Intake #00165635; Intake #00166726; Intake #00167197; Intake #00167506: Related to disease outbreak
- Intake #00168706; Intake #00169987: Fall of a resident resulting in injury
- Intake #00169284: Complaint related to pest control

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

- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control
- 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)

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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 sustained an injury as a result of a fall incident. The required fall prevention and management intervention was not in place at the time of the fall.

During observations on two identified dates, the resident was not using the interventions outlined in the plan of care.

Source: Review of resident's clinical records, Critical Incident (CI), investigation notes, and interviews with staff.

WRITTEN NOTIFICATION: Falls prevention and management

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

Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

Resident required a specific intervention as part of a fall prevention strategy. On a specified date, the resident experienced a fall that resulted in injury. The identified intervention was not in place at the time of the incident.

Source: Review of resident's records, CI, and interviews with staff.

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WRITTEN NOTIFICATION: Infection Prevention and Control

NC #003 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).

A resident was on additional precautions requiring staff to wear a specific type of Personal Protective Equipment (PPE). On a specified date, staff was observed not wearing the required PPE while providing care to the resident.

Sources: Observations, review of Infection Prevention & Control (IPAC) Standards, interview with staff.

On a specified date, it was observed that a staff member assisted a resident to sit in the hallway without performing hand hygiene after resident contact.

Sources: Observations, review of IPAC Standard, interview with IPAC Lead.

COMPLIANCE ORDER CO #001 Housekeeping

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

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

(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;

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

The licensee shall:

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1. Develop and implement a deep-cleaning schedule for resident home areas. Develop and implement a documentation system that identifies the name of the person who completed the cleaning, the date of completion, and the reason if the task was not completed.
2. Provide education and training to all housekeeping staff regarding cleaning procedure and responsibilities.
3. Develop and implement an auditing process for deep cleaning of residents' rooms and common areas. Audit two resident rooms or common area on the second and third floor (one on each floor) daily, for six weeks. Take corrective action to remediate any identified concerns identified by the audits.
4. Maintain a written record of all education provided, including staff name and date completed; deep cleaning schedules and completion; and audits completed, including the date, room or home area audited, person(s) completing the audit, result of the audit and any corrective action completed.

Grounds

Multiple resident room floors, washroom floors, external surface of toilets, and hallway walls on the second and third floors were observed to be dirty, with staining, and accumulated debris. Rodent droppings were noted in the kitchen and hallway, and food splatters were observed on dining room curtains. Housekeeping staff were required to clean resident rooms and common areas daily, with deep cleaning to be completed monthly. Deep cleaning documentation showed that deep cleaning of resident rooms and common spaces did not occur on multiple occasions between December 2025 and February 2026. The Director of Environmental Services acknowledged that residents were not being provided with a clean living environment.

Failure to implement effective cleaning procedures placed residents at increased risk of infection and negatively impacted their comfort and enjoyment of their home environment.

Sources: Observations, deep cleaning schedule document, review of home's policies, interview staff and resident.

This order must be complied with by April 24, 2026

COMPLIANCE ORDER CO #002 Pest control

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NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 94 (1)

Pest control

s. 94 (1) As part of organized programs of housekeeping and maintenance services under clauses 19 (1) (a) and (c) of the Act, every licensee of a long-term care home shall ensure that an organized preventive pest control program using the services of a licensed pest controller is in place at the home, including records indicating the dates of visits and actions taken.

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 94 (1) [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to:

1. How the home will ensure that sanitation and structural issues identified in contractor service reports, as well as unmet areas noted in pest control assessment audits, are addressed promptly.
2. What actions will be taken to determine whether the cleaning frequencies in areas of the home where pests are present are effective in maintaining cleanliness and proper disinfection.
3. If cleaning frequencies are found to be ineffective, what steps will be taken to ensure that areas where pests are present are cleaned effectively.
4. How the Housekeeping, Maintenance, Infection Prevention and Control, Personal Support Services, and Dietary departments will collaborate on measures to control pest activity in the home.
5. How residents and their families will be kept informed regarding the status of pest activity in the home.
6. What changes need to be made to maintenance and housekeeping documentation to track actions taken in relation to pest control.

Grounds

Licensee's Pest Control Prevention and Management policy was not implemented as required. Specifically:

- The licensed pest controller's site visit reports were to be reviewed and followed up on recommended remedial actions were to be taken immediately. Pest control service records from November 2025-February 2026 showed that recommendations outlined in the service reports were not implemented immediately on five occasions.
- An action plan for all sanitation and structural issues identified on contractor service

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reports were to be developed and an organized record of service and action plans were to be maintained: Review of action plans provided by the home showed that between October 2025-January 2026, one action plan was created to address issues identified on service report dated January 2, 2026.

-Monthly Pest Control Assessment Audits were to be completed, and findings were to be tracked for trends for reporting at Quality & Leadership Meetings. Between November 2025- January 2026, one pest control assessment audit was completed and findings from the monthly audits were not discussed at Quality & Leadership Meetings.

-All crack and cervices should be sealed to reduce pest hiding spaces. During inspection of the two home areas, multiple unsealed sections of baseboard were observed in the hallway, exposing the interior concrete substrate.

Failing to comply with the pest control prevention and management policy created a risk of prolonged pest concern in the home.

Sources: Observation of the home areas, home's pest control policy, pest control company service reports; interviews with staff and vendor representative.

This order must be complied with by May 15, 2026

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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

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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
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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.