

Public Report

Report Issue Date: October 9, 2025

Inspection Number: 2025-1238-0004

Inspection Type:
Critical Incident

Licensee: North York General Hospital

Long Term Care Home and City: Seniors' Health Centre, North York

INSPECTION SUMMARY

The inspection occurred onsite on the following dates September 25 - 26, 29, 2025, and October 2 - 3, 6 - 9, 2025

The inspection occurred offsite on the following date: October 1, 2025

The following Critical Incidents (CI) were inspected:

- Intake: #00153970 {CI #2744-000023-25} was related to fall of resident with injury
- Intake: #00154690 {CI #2744-000024-25} was related to fall of resident with injury
- Intake: #00157744 {CI #2744-000025-25} was related to a disease outbreak.

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

Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: General Requirements for Programs

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 34 (2)

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident

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Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee has failed to ensure that actions taken with respect to a resident under the falls prevention and management program, including assessments were documented.

A Registered Practical Nurse (RPN) reported that they completed a post fall assessment after the resident sustained a fall with injury but did not document their findings in the resident's clinical records.

Sources: The resident's clinical records and interviews with a RPN, and the Director of Care.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #002 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).

The licensee has failed to ensure that there was in place a hand hygiene program in accordance with the "Infection Prevention and Control (IPAC) Standard for Long Term Care Homes April 2022" (IPAC Standard).

Specifically, the IPAC Lead failed to ensure that staff complied with the four moments of hand hygiene. According to 9.1 b) of the IPAC Standard for Long-Term Care Homes, revised September 2023, the licensee was required to ensure that Routine Practices were followed in the IPAC program and at a minimum, included hand hygiene, including, but not limited to, at the four moments of hand hygiene.

i) The Inspector observed a Personal Support Worker (PSW) exiting a resident's room and did not perform hand hygiene. The IPAC Lead stated that the staff should have

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performed hand hygiene after providing personal care and exiting the resident's room.

ii) On the same day, the Inspector observed a housekeeping staff remove their soiled gloves and discard them but did not perform hand hygiene afterwards. The housekeeping staff then proceeded to handle clean clothing in the hallway. The IPAC Lead confirmed that the staff should have performed hand hygiene after removing dirty gloves.

Sources: Observations on a resident home area, interviews with a housekeeping staff, a PSW and the IPAC Lead.

COMPLIANCE ORDER CO #001 Infection Prevention and Control Program

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 102 (8)

Infection prevention and control program

s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead. O. Reg. 246/22, s. 102 (8).

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

A) Develop and implement an auditing process during outbreak situations where universal masking is in place to monitor staff adherence to the home's IPAC program.

B) Maintain a written record of the process developed, including the frequency of audits, roles responsible for the audits and planned action when noncompliance is identified by the audits.

C) Maintain a written record of audits conducted for a minimum period of 90 days following the service of this order, or until the order has been found to be in compliance on follow up.

Grounds

The licensee has failed to ensure that all staff participated in the implementation of the

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home's Infection Prevention and Control (IPAC) Program when several staff members were observed not wearing a mask during a respiratory outbreak. Universal masking was in place and residents were present at the time of observation.

Two Housekeeping staff were observed not wearing a mask while in a resident home area during the outbreak. Two PSWs were also observed during dining service without a mask and with their masks improperly fitted.

The IPAC Lead acknowledged that all staff were required to follow the masking policy during an outbreak in the home.

There was increased risk of disease transmission when staff failed to participate in the implementation of the home's masking policy during an outbreak.

Sources: Observations on a resident home area and interview with the IPAC Lead.

This order must be complied with by November 21, 2025

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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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.