

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:** February 27, 2026

**Inspection Number:** 2026-1238-0002

**Inspection Type:**  
Proactive Compliance Inspection

**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: February 20, 23, 24, 25, 26, 27, 2026

The inspection occurred offsite on the following date: February 26, 2026

The following intake was inspected:

- Intake: #00170483 - Proactive Compliance Inspection

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

Resident Care and Support Services  
Continence Care  
Infection Prevention and Control

## 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)

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**Non-compliance with: FLTCA, 2021, s. 6 (1) (c)**

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,

(c) clear directions to staff and others who provide direct care to the resident; and

i). A resident's plan of care indicated they had a preference for their bathing. However, staff were encouraged to ask the resident about their preferences and that this direction should be reflected in the resident's plan of care.

The resident's plan of care also indicated they required a level of assistance for their bathing. A Personal Support Worker (PSW) stated that they required a different level of assistance with their bathing.

The resident's plan of care was revised to include asking the resident about their bathing preferences and the correct level of assistance for their bathing.

**Sources:** Observation of a resident's care; Interview with two PSWs and the Associate Director of Care (ADOC) and a resident's plan of care.

ii). A resident's plan of care did not specify the type of assistance they required for continence care. The ADOC indicated that this information should have been specified in the resident's plan of care and updated their plan of care afterwards to reflect the level of assistance the resident required.

**Sources:** Observation of a resident's care; Interview with the ADOC and a resident's plan of care.

Date Remedy Implemented: February 26, 2026

**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

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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).

i). A PSW was observed removing their gloves after completing continence care for a resident but did not perform hand hygiene prior to putting on a new pair of gloves to continue with their care.

**Sources:** Observation with a resident, Interview with a PSW and the ADOC.

ii). An Environmental Service Worker (ESW) was observed exiting a resident's room with soiled gloves on. They then entered another resident's room before removing the soiled gloves, and did not perform hand hygiene.

**Sources:** Observation by Inspector on a Resident Home Area; Interview with an ESW and the IPAC Lead.

iii). An ESW was observed exiting a resident's room with soiled gloves on and entered the hallway. They then removed the soiled gloves, and did not perform hand hygiene.

**Sources:** Observation by Inspector on a Resident Home Area; Interview with an ESW and the IPAC Lead.

iv). A PSW was observed entering a resident's room and did not perform hand hygiene.

**Sources:** Observation by Inspector on a Resident Home Area; Interview with a PSW and the IPAC Lead.

## WRITTEN NOTIFICATION: Plan of Care

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

### Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

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,

(c) clear directions to staff and others who provide direct care to the resident; and

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A resident's plan of care did not provide information regarding the care and maintenance related to one their medical devices. A Registered Practical Nurse (RPN) indicated that this information should have been specified in the resident's plan of care.

**Sources:** Observation of a resident's care; a resident's plan of care; Interviews with a RPN and the ADOC.

### WRITTEN NOTIFICATION: Plan of Care

NC #004 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's plan of care directed staff related to a medical device used by the resident. A resident was observed receiving care related to this medical device contrary to these directions.

**Sources:** Observation on the resident, and interviews with a PSW, a RPN and the ADOC.

### WRITTEN NOTIFICATION: Plan of care

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

**Non-compliance with: FLTCA, 2021, s. 6 (8)**

Plan of care

s. 6 (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

A PSW stated it was their first time working with a resident and did not review the resident's plan of care prior to providing care to them.

**Sources:** Observation on a resident's care; Interview with the PSW.

## WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #006 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 resident required a level of assistance with their bed mobility. A PSW was observed providing care to this resident that did not align with their level of assistance for bed mobility.

**Sources:** Observation on a resident's care; Interview with a PSW; Review of a resident's plan of care.

## 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 (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 inspector observed a resident's medical device on the floor, contrary to the IPAC requirements for this medical device.

**Sources:** Observation, IPAC standard for Long-Term Care Homes (Revised September 2023), interview with the ADOC.

## WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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**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).

A PSW was observed completing personal care for a resident that was on additional precautions without the required Personal Protective Equipment (PPE) worn.

**Sources:** Observation, IPAC standard for Long-Term Care Homes (Revised September 2023), interview with the IPAC Lead.