Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

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Public Report

Report Issue Date: January 27, 2026
Inspection Number: 2026-1282-0001
Inspection Type:
Proactive Compliance Inspection

Licensee: Toronto Finnish-Canadian Seniors Centre
Long Term Care Home and City: Suomi-Koti Toronto Nursing Home, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 16, 19, 20, 22, 27, 2026
The inspection occurred offsite on the following date(s): January 21, 23, 2026

The following intake(s) were inspected:
- Intake: #00167411 - Proactive Compliance Inspection

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Medication Management
Food, Nutrition and Hydration
Residents' and Family Councils
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices
Pain Management

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: FLTCA, 2021, s. 6 (10) (b)
Plan of care
s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary.

The plan of care for a resident indicated weekly assessments for an altered skin integrity. The altered skin integrity healed; however, the care plan was not revised when the care set out in the plan was no longer necessary.

Sources: Clinical record review; interview with a Registered Nurse (RN).

Date Remedy Implemented: January 22, 2026

WRITTEN NOTIFICATION: Emergency Plans

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 90 (1)
Emergency plans
s. 90 (1) Every licensee of a long-term care home shall ensure that there are emergency plans in place for the home that comply with the regulations, including,
(a) measures for dealing with, responding to and preparing for emergencies, including, without being limited to, epidemics and pandemics; and
(b) procedures for evacuating and relocating the residents, and evacuating staff and others in case of an emergency.

The Interim Executive Director (I-ED) and Director of Care (DOC) acknowledged that the home does not have an emergency plan in place.

Sources: Interviews with the I-ED and DOC.

WRITTEN NOTIFICATION: Communication and Response System

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 20 (f)
Communication and response system
s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(f) clearly indicates when activated where the signal is coming from.

The call bell light for one resident room was not functional for approximately one month. A Personal Support Worker (PSW) and the Maintenance Staff acknowledged that the communication and response system did not clearly indicate where the signal was coming from when the call bell was pressed.

Sources: Observations; interviews with a PSW and Maintenance Staff.

WRITTEN NOTIFICATION: Air Temperature

NC #004 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.

Air temperatures were not measured once every evening or night. Additionally, on multiple dates in December 2025, and January 2026, air temperatures were not measured in the morning and afternoon.

Sources: Review of Air and Water Quality Daily Checks Logs; and interviews with Maintenance Manager and other staff.

WRITTEN NOTIFICATION: General Requirements

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

Non-compliance with: O. Reg. 246/22, s. 34 (1) 3.
General requirements
s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:
3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

i) The home's skin and wound program was not evaluated annually for the past few years.

Sources: Interviews with DOC and I-ED.

ii) The home's pain management program was not evaluated annually for the past few years.

Sources: Interviews with the DOC and I-ED.

WRITTEN NOTIFICATION: Nursing and Personal Support Services

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 35 (2)
Nursing and personal support services
s. 35 (2) Every licensee of a long-term care home shall ensure that there is a written staffing plan for the programs referred to in clauses (1) (a) and (b).

The home did not have a written staffing plan for the organized programs of nursing and personal support services.

Source: Interview with DOC.

WRITTEN NOTIFICATION: Nursing and Personal Support Services

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 35 (3) (e)
Nursing and personal support services
s. 35 (3) The staffing plan must,
(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The annual evaluation of the staffing plan was not conducted.

Source: Interview with DOC.

WRITTEN NOTIFICATION: Skin and Wound Care

NC #008 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,
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated.

Weekly assessments did not occur for a few weeks for a new area of altered skin integrity for a resident.

Sources: Review of a resident's clinical records; and interview with a RN.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #009 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).

i) In accordance with Additional Requirement 10.2 (c) under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April 2022, revised September 2023), the hand hygiene program did not include assisting a resident to perform hand hygiene prior to receiving their snack.

Sources: Snack Observations; and interviews with a PSW and resident.

ii) In accordance with Additional Requirement 11.6 under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), guidance for staff, students, volunteers, support workers, caregivers and general visitors to perform passive screening were not being conducted upon entry into into the home. There were no signage in the home of screening questions and signs and symptoms of infectious disease for self-monitoring for staff and visitors.

Sources: Passive screening observations and interviews with the IPAC Lead.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (4) (e)
Infection prevention and control program
s. 102 (4) The licensee shall ensure,
(e) that the program is evaluated and updated at least annually in accordance with the standards and protocols issued by the Director under subsection (2).

The home's IPAC program was not evaluated and updated at least annually, which was acknowledged by the I-ED.

Sources: Review of Outbreak Management Policy; and interview with the I-ED.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (7) 9.
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:
9. Reviewing any daily and monthly screening results collected by the licensee to determine whether any action is required.

The IPAC Lead acknowledged that they did not collect any daily and monthly screening results to determine any action required in the home's IPAC Program.

Sources: Interview with the IPAC Lead.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)
Infection prevention and control program
s. 102 (9) The licensee shall ensure that on every shift,
(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2).

A resident was on additional precautions during the home's confirmed outbreak. Their symptoms of infection were not monitored for two shifts.

Sources: Review of critical incident (CI) report, oubreak documents, a resident's clinical records; and interview with IPAC Lead.

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (11) (a)
Infection prevention and control program
s. 102 (11) The licensee shall ensure that there are in place,
(a) an outbreak management system for detecting, managing, and controlling infectious

disease outbreaks, including defined staff responsibilities, reporting protocols based on requirements under the Health Protection and Promotion Act, communication plans, and protocols for receiving and responding to health alerts; and

The home's outbreak management system did not include defined staff responsibilities, and was acknowledged by the I-ED.

Sources: Review of Outbreak Management Policy; and interview with the I-ED.

WRITTEN NOTIFICATION: Reports re Critical Incidents

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 115 (1) 5.
Reports re critical incidents
s. 115 (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (5):
5. An outbreak of a disease of public health significance or communicable disease as defined in the Health Protection and Promotion Act.

The home was in a confirmed outbreak and the Director was not immediately informed until the following day, which was verified by the IPAC Lead.

Sources: Review of CI report; and interview with the IPAC Lead.

WRITTEN NOTIFICATION: Safe Storage of Drugs

NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)
Safe storage of drugs
s. 138 (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(ii) that is secure and locked,

A RN left the medication cart unlocked numerous times when they administered medications to residents. The RN acknowledged that the medication cart was to be

secured and locked when unattended.

Sources: Medication Administration Observation; and interview with a RN.

WRITTEN NOTIFICATION: Continuous Quality Improvement Initiative Report

NC #016 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (1)
Continuous quality improvement initiative report
s. 168 (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

The home was unable to provide a continuous quality improvement initiative report prepared for the fiscal year of 2024/2025.

Sources: Interview with DOC.