Ontario

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

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

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Public Report

Report Issue Date: August 26, 2025
Inspection Number: 2025-1512-0003
Inspection Type: Critical Incident
Licensee: Better Living at Thompson House
Long Term Care Home and City: Better Living at Thompson House, North York

INSPECTION SUMMARY

The inspection occurred on the following date(s): August 18-22, 25-26, 2025

The following Critical Incident System (CIS) intake(s) were inspected:

- Intake: #00150012 – [CIS: 3017-000013-25] – Fall with injury
- Intakes: #00154342 – [CIS: 3017-000016-25]; #00153344 – [CIS: 3017-000015-25]; #00152493 and #00152649– [CIS: 3017-000014-25] - Communicable disease outbreak

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

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 (10) (c)
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,

(c) care set out in the plan has not been effective.

The licensee has failed to ensure that a resident was reassessed and the plan of care reviewed and revised when the care set out in the plan was not effective.

A resident sustained falls, and there were no additional interventions to mitigate falls added to their plan of care. The Falls Lead and Director of Care (DOC) both acknowledged that the plan of care for the resident should have been reviewed and revised after the resident had falls.

Sources: A resident's clinical records and interviews with an Registered Nurse (RN), Falls Lead and DOC.

WRITTEN NOTIFICATION: Required Programs

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.
Required programs
s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee failed to follow their fall prevention and management program policy when a resident had three consecutive falls and a post falls team huddle was not conducted.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that the written policy developed for fall prevention and management is complied with.

Specifically, the home's fall prevention program policy stated that a post falls team huddle shall occur when a resident has had three or more falls in a period of three months or less. A resident sustained three or more falls in a period of three months or less, and there was no post falls team huddle conducted as required by the home's policy.

Sources: Fall prevention and management program policy #N006-012, revised on July 22, 2022, and interviews with an RN, Falls Lead and DOC .

WRITTEN NOTIFICATION: Infection prevention and control program

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 that any standard or protocol issued by the Director with respect to infection prevention and control was implemented.

Specifically, IPAC Standard for Long-Term Care Homes, s. 9.1 (f) stated that the licensee shall ensure that Routine Practices and Additional Precautions were followed in the IPAC program. At minimum Additional Precautions shall include proper use of Personal Protective Equipment (PPE), including appropriate selection, application, removal, and disposal.

(i) A PSW was observed not wearing eye protection prior to entering a resident's room who was on droplet and contact precautions. The PSW acknowledged that they were within two meters of the resident and should have worn eye protection, as required.

Sources: Inspector observation; home's droplet and contact precautions diagram (Public Health Ontario); and interviews with a PSW and DOC.

(ii) A PSW was observed donning their PPE in the following order: face mask, gown, and gloves, prior to entering a resident's room who was on droplet and contact precautions. After the PSW finished providing care to the resident, the PSW was observed doffing their PPE in the following order: gown, gloves, mask and performed hand hygiene. Infection and Prevention Control (IPAC) Lead confirmed that the PSW did not don and doff PPE in the appropriate order prior to entering and upon exiting the resident's room.

Sources: Inspector observation; home's droplet and contact precautions diagram (Public Health Ontario); and interviews with the IPAC Lead.