

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

<b>Report Issue Date:</b> January 13, 2026
<b>Inspection Number:</b> 2026-1590-0001
<b>Inspection Type:</b> Critical Incident
<b>Licensee:</b> City of Toronto
<b>Long Term Care Home and City:</b> True Davidson Acres, Toronto

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 6- 8, 12-13, 2026  
The inspection occurred offsite on the following date(s): January 9, 2026

The following Critical Incident (CI) intakes were inspected:

Intake: #00163439/ CI #M586-000036-25 related to fall of a resident with injury.

Intake: #00163592/ CI #M586-000037-25 related to complaint regarding resident's care.

Intake: #00163878/ CI #M586-000038-25 related to disease outbreak.

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

- Infection Prevention and Control
- Reporting and Complaints
- Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Complaints Procedure - Licensee

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

**Non-compliance with: FLTCA, 2021, s. 26 (1) (c)**

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(c) immediately forward to the Director any written complaint that it receives concerning

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the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

A written complaint was sent to the home by a resident's Substitute Decision Maker (SDM) on two specified dates, expressing concerns related to resident's care. A Nurse Manager (NM) acknowledged that this information was not forwarded to the Director.

**Sources:** Resident's SDM's email correspondence with the licensee, and interview with a NM.

## **WRITTEN NOTIFICATION: Transferring and Positioning Techniques**

NC #002 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.

On a specified date, the transferring technique used by two staff members after a resident had a fall was in contradiction with the home's "No Lift" policy . The resident was transferred to the hospital and was diagnosed with an injury on the next day.

**Sources:** Resident's clinical records , Home's investigation notes, Falls Prevention and Management Policy, No Lift Policy and interviews with two Personal Support Workers (PSWs) and a NM.

## **WRITTEN NOTIFICATION: Required Programs**

NC #003 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:

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1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The home's Falls Prevention and Management policy specified that, if the resident fell to the ground, residents should be assessed by the registered nursing staff prior to being transferred. When a resident experienced a fall on a specified date, the assessment was not completed prior to the transfer.

**Sources:** Home's Investigation Notes, Falls Prevention and Management Policy, and interviews with an RPN and a NM.

## WRITTEN NOTIFICATION: Infection Prevention and Control

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).

i) The hand hygiene program for residents did not include assistance to perform hand hygiene before lunch for two residents on a specified date.

**Sources:** Observations, and interviews with a PSW and the Infection and Prevention Control (IPAC) Manager.

ii) Minimum routine practices did not include staff consistently performing hand hygiene between assisting residents with feeding, serving meals and collecting used bowls and plates on a specified date.

**Sources:** Observations, and interviews with a PSW and the IPAC Manager.

iii) Minimum routine practices did not include staff appropriately applying, removing, and disposing of Personal Protective Equipment (PPE) on a specified date.

**Sources:** Observations, and interviews with a PSW and the IPAC Manager.