

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: April 9, 2025

Inspection Number: 2025-1212-0002

Inspection Type:

Complaint
Critical Incident
Follow up

Licensee: Humber Valley Terrace Operating Inc.

Long Term Care Home and City: Humber Valley Terrace, Etobicoke

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 19, 20, 25-28, 31, 2025 and April 2, 3, 7-9, 2025

The inspection occurred offsite on the following date(s): April 1, 4, 2025

The following intake(s) were inspected:

- Intake: #00121658 - Follow Up related to Maintenance Services
- Intake: #00140149 - Complaint related to Medication Management, Resident Cares and Services
- Intake: #00141803 - Critical Incident System (CIS) 2716-000004-25 - Related to Prevention of Abuse and Neglect
- Intake: #00143503 - CIS 2716-000010-25 - Related to Prevention of Abuse and Neglect
- Intake: #00143581 - CIS 2716-000011-25 - Related to Nutrition and Hydration

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

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Order #001 from Inspection #2024-1212-0002 related to O. Reg. 246/22, s. 96 (1) (b)

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

Housekeeping, Laundry and Maintenance Services
Medication Management
Food, Nutrition and Hydration
Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours

INSPECTION RESULTS

WRITTEN NOTIFICATION: RESIDENTS' BILL OF RIGHTS

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 4.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

4. Every resident has the right to freedom from abuse.

The licensee has failed to ensure that a resident's right to freedom from abuse by another resident was fully respected and promoted.

Sources: Long Term Care Home (LTCH) investigation records, review of a resident's clinical records, CIS #2716-000004-25, interview with the Director of Care (DOC) and other staff.

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WRITTEN NOTIFICATION: PLAN OF CARE

NC #002 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.

The licensee has failed to ensure that care set out in the plan of care for a resident was provided to the resident as specified in the plan.

The physician (MD) ordered a specific intervention for a resident. A Registered Nurse (RN) processed and placed the order on the Medication Administration Record (MAR), which was signed by the registered staff on each shift.

A review of the resident's clinical record for an identified time period, revealed six days where the ordered intervention was not implemented

Sources: Review of the resident's clinical records, interviews with the RN and other staff.

WRITTEN NOTIFICATION: PLAN OF CARE

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

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,

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(b) the resident's care needs change or care set out in the plan is no longer necessary.

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 licensee has failed to ensure that a resident's care plan was revised when their care needs changed related to a monitoring intervention. The Behavioural Support Ontario (BSO) Lead acknowledged that the resident's care plan was not revised to reflect the change in the resident's care need.

Sources: Review of the resident's care plan, interview with the BSO Lead and other staff.

WRITTEN NOTIFICATION: POLICY TO PROMOTE ZERO TOLERANCE

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee has failed to ensure that their written policy to promote zero tolerance of abuse and neglect of residents was complied with by two Personal Support

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Worker (PSW) students.

The home's abuse and neglect policy stated that staff had a duty to report immediately any suspected abuse of a resident that had occurred to the Executive Director, designate or if unavailable, to the most senior person in charge.

When two PSW students witnessed the physical abuse of a resident, they did not immediately report the incident as per the LTCH's policy.

Sources: CIS #2716-000010-25, home's procedure titled "Mandatory Reporting of Resident Abuse or Neglect" (ADMIN-O10.01), and interviews with the DOC and other staff.

WRITTEN NOTIFICATION: MEDICATION INCIDENT

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

Non-compliance with: O. Reg. 246/22, s. 147 (1) (b)

Medication incidents and adverse drug reactions

s. 147 (1) Every licensee of a long-term care home shall ensure that every medication incident involving a resident, every adverse drug reaction, every use of glucagon, every incident of severe hypoglycemia and every incident of unresponsive hypoglycemia involving a resident is,

(b) reported to the resident, the resident's substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the resident's attending physician or the registered nurse in the extended class attending the resident and, if applicable, the prescriber of the drug and the pharmacy service provider. O. Reg. 66/23, s. 30.

i) The Licensee has failed to ensure that documentation related to a medication

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incident was submitted to the home's pharmacy service provider within three business days after the DOC became aware of the incident, as per the LTCH's policy.

Sources: Review of Medication Incident Report (MIR), policies and procedures Manual for MediSystem Serviced Homes, and interviews with the MD and DOC.

ii) The licensee has failed to ensure that a resident's substitute decision maker (SDM) was notified of a medication incident involving the resident when they became aware.

The DOC and MD became aware of a medication incident related to missed doses of a medication. The SDM was not immediately notified about the medication incident.

Sources: Review of the Medication Incident Report, policies and procedures Manual for MediSystem Serviced Homes, and interviews with the MD and DOC.

COMPLIANCE ORDER CO #001 DUTY TO PROTECT

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

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

1) Ensure all members of the Registered Nursing Staff on an identified floor, are retrained on the home's policies and procedures related to medication reconciliation, including but not limited to steps that are taken upon readmission

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from hospital or extended leave. A record must be kept of the date the training was provided, who attended the training, the contents of the training, and who provided the training.

2) Conduct audits of medication reconciliation completed by registered nursing staff on an identified floor for residents who are admitted or re-admitted to home on hospital leave to ensure the homes policies for Medication Reconciliation are followed. Conduct the audits following receipt of this order, for a period of four weeks. Keep a record of the audits, date audit completed, who completed the audit, resident audited, registered staff member audited, deficiencies identified and how they were corrected.

3) Provide education to current PSW students and upcoming PSW students on how to respond when they witness, suspect, and/or hear about an act of abuse, including a focus on mandatory reporting of the incident. Ensure that the education provided is in-person and includes case scenarios of different situations that could arise involving abuse of a resident. A record must be kept of the date the training was provided, who attended the training, the contents of the training, and who provided the training.

Grounds

i) The licensee has failed to ensure that resident #001 was not neglected by staff.

Section 7 of the Ontario Regulation 246/22 defines neglect as “the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.”

A resident had a medical diagnosis which required a prescribed medication to be administered daily.

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The resident was hospitalized on multiple occasions for their medical diagnosis.

The discharge summary report from the hospital recommended that the identified medication was to be placed on hold. The medication reconciliation was completed and the medication was held, which was reflected in the resident's MAR.

Subsequent hospital discharge summaries directed for the medication to be resumed, however the resident's clinical records revealed that the medication remained on hold.

The DOC and MD were notified of the discrepancy by an external specialist on a later date, following which the medication was resumed.

The DOC acknowledged that the registered staff did not complete the medication reconciliation process as per home's procedure.

Sources: Review of the resident's clinical records, policies and procedures Manual for MediSystem Serviced Homes section 13 – Medication Reconciliation, interviews with the MD, DOC, and other staff.

ii) The licensee has failed to ensure that a resident was not neglected by staff.

A resident was re-admitted back to the home after a hospitalization. The hospital recommended specific interventions to manage their health condition. The recommendation was missed by a registered staff, and when later ordered by the physician, the interventions were not implemented by the nursing staff until a period of time.

Sources: Review of the resident's clinical records, CIS #2716-000011-25, interviews with the RD, DOC, and other staff.

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iii) The licensee has failed to ensure a resident was protected from physical abuse by a Personal Support Worker (PSW). In accordance with the definition identified in Ontario Regulation 246/22 section 2, “physical abuse” means the use of physical force by anyone other than a resident that causes physical injury or pain.

Two PSW Students witnessed a PSW physically abuse a resident. The DOC confirmed that the LTCH's investigation revealed that the PSW physically abused the resident.

Sources: Review of home's investigation notes, CIS #2716-000010-25, interviews with the PSW, PSW students, DOC and other staff.

This order must be complied with by May 30, 2025

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REVIEW/APEAL 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

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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

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

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Director

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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.