

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: March 13, 2026
Inspection Number: 2026-1515-0002
Inspection Type: Complaint Critical Incident
Licensee: The Wexford Residence Inc.
Long Term Care Home and City: The Wexford, Scarborough

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 4 - 6, 9, 11 - 13, 2026

The following Critical Incident (CI) intake(s) were inspected:

- Intake: #00170327 {CI #3021-000003-26} was related to fall with injury;
- Intake: #00171249 {CI #3021-000004-26} was related to improper care

The following Complaint intake was inspected in this Complaint inspection:

- Intake: #00171116 – related to improper care

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

- Resident Care and Support Services
- Medication Management
- Infection Prevention and Control
- Responsive Behaviours
- Reporting and Complaints
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Medication Management System

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

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Non-compliance with: O. Reg. 246/22, s. 123 (2)

Medication management system

s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that written policies and protocols developed for the medication management system were complied with.

The home's policy titled "Medication Administration" Reviewed June 3, 2024, indicated that staff are to sign for medication on the electronic Medication Administration Record (e-MAR) immediately after administering to the resident.

The Registered Practical Nurse (RPN) signed the resident's e-MAR for the administration of medications when they were observed in the resident's room.

Sources: Resident's clinical record, Inspector's observation of the resident in their room; interviews with the RPN, and Director of Care (DOC).

WRITTEN NOTIFICATION: Plan of Care

NC #002 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

The resident's plan of care did not provide clear directions to staff as it reflected that the resident was on contact precautions, requiring Personal Protective Equipment (PPE) to enter their room, however, there was a different contact precaution sign posted on the resident's room door requiring staff wear PPE only during personal care.

Sources: Inspector observations; the resident's care plan; interview with the RPN.

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WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (2)

Plan of care

s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

A review of the resident's care plan revealed that the resident was scheduled to receive a specific care intervention, however, no assessment of the resident's preference in relation to the intervention was completed. The Power of Attorney (POA) for the resident revealed that the resident prefers a different care intervention. The resident's care plan did not reflect the resident's preference.

Sources: Resident's clinical health records, and an interview with the RPN and DOC.

WRITTEN NOTIFICATION: Complaints Procedure - Licensee

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

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

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,
(b) ensure that the written procedures include information about how to make a complaint to the patient ombudsman under the Excellent Care for All Act, 2010 and to the Ministry; and

A review of the home's complaint procedure noted that it did not include information that a response to the complainant has to contain information about how to make a complaint to the patient ombudsman under the Excellent Care for All Act, 2010 and to the Ministry.

Sources: Home's policy "Complaints and Concerns Resident, Family, Employee, Contractor, Member of the Public," reviewed March 12, 2017. Interview with the DOC.

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: O. Reg. 246/22, s. 29 (3) 19.

Plan of care

s. 29 (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

19. Safety risks.

Safety risks of choking were not implemented in a resident's plan of care despite the risk being identified. The resident was observed eating alone in their room without any supervision.

Sources: Resident's clinical records, observation in resident's room during meal service; interviews with Personal Support Workers (PSWs) and DOC.

WRITTEN NOTIFICATION: Responsive Behaviours

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(b) strategies are developed and implemented to respond to these behaviours, where possible; and

A Resident exhibited ongoing responsive behaviours since admission. No care planning, behavioural support strategies, or interventions were developed or implemented to mitigate the impact of these behaviours until a later date.

Sources: Resident's clinical records; observation of staff to resident interactions; and interviews with two PSWs, the Behavioural Supports Ontario (BSO) Lead and DOC.

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 (7) 11.

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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:

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).

In accordance with Additional Requirement 9.1 (b) under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April 2022, revised September 2023), routine practices in the home shall include following the four moments of hand hygiene.

i) A Registered Practical Nurse (RPN) was observed entering a resident's room, removed unattended medication and left the room and did not perform hand hygiene.

Sources: Observation with the resident; Interviews with the RPN and DOC.

ii) A Food Service Worker (FSW) was observed using the washroom. They exited the washroom and entered the food service environment and did not wash their hands.

Sources: Observation of the FSW; Interview with the Food Service Manager (FSM)

WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

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).

Additional Requirement 9.1 of the IPAC Standard for Long-Term Care Homes required Additional Precautions be followed in the IPAC program. Specifically, s. 9.1 (f) around the proper use of Personal Protective Equipment (PPE), including appropriate selection, application, removal, and disposal.

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Specifically, universal masking was required in all resident home areas.

Two Physiotherapy Assistants were observed completing one to one physio activity with a resident and were not wearing face masks.

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

WRITTEN NOTIFICATION: Dealing with Complaint

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (1) 2.

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.

A written complaint was received by the home on a particular day, a response was provided on the same day to the Complainant, acknowledging the receipt of the complaint, however, no additional response was provided within the ten business days. The response did not include a reasonable date that the Complainant can expect a resolution to the concerns brought forward.

Sources: Critical Incident Systems (CIS) #3021-000004-26 and interview with the DOC.

WRITTEN NOTIFICATION: Dealing with Complaints

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. i.

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is

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dealt with as follows:

3. The response provided to a person who made a complaint shall include,
i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

A complaint was received by the home on a particular day, and a response was provided to the Complainant. The response did not include information regarding the Ministry's toll-free telephone number for making complaints and its hours and contact information for the patient ombudsman.

Sources: Home's response letter to the Complainant; Interview with the DOC.

WRITTEN NOTIFICATION: Dealing with Complaints

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. iii.

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

3. The response provided to a person who made a complaint shall include,
iii. if the licensee was required to immediately forward the complaint to the Director under clause 26 (1) (c) of the Act, confirmation that the licensee did so.

A complaint was received by the home on a particular day, and a response was provided to the Complainant. The Complainant was not notified that the complaint information would be sent to the Director in the response.

Sources: Home's response letter to the Complainant; Interview with the DOC.

WRITTEN NOTIFICATION: Dealing with Complaints

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (2) (e)

Dealing with complaints

s. 108 (2) The licensee shall ensure that a documented record is kept in the home that

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includes,

(e) every date on which any response was provided to the complainant and a description of the response; and

A written complaint was received by the home on a particular day. A response letter was included in the complaint investigation notes but did not include every date on which a response was provided to the Complainant or a description of the responses. The DOC advised that verbal communications were conducted with the Complainant but the responses and descriptions of the response were not documented.

Sources: The LTCHs written complaint record and interview with the DOC.

WRITTEN NOTIFICATION: Dealing with Complaints

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (2) (f)

Dealing with complaints

s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,

(f) any response made in turn by the complainant.

A written complaint was made to the home for a resident. A response letter was included in the complaint investigation notes but the home did not document all of the responses made in turn by the Complainant.

Sources: The Long-Term Care Home (LTCH) written complaint record and interview with the DOC.



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

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