

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

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: March 28, 2025

Original Report Issue Date: March 26, 2025

Inspection Number: 2025-1528-0003 (A1)

Inspection Type:

Complaint

Critical Incident

Follow up

Licensee: Ina Grafton Gage Home of Toronto

Long Term Care Home and City: Ina Grafton Gage Home, Scarborough

AMENDED INSPECTION SUMMARY

This report has been amended to:

Rescind Written Notification (WN) #017.

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Amended Public Report (A1)

Amended Report Issue Date: April 1, 2025

Original Report Issue Date: March 26, 2025

Inspection Number: 2025-1528-0003 (A1)

Inspection Type:

Complaint
Critical Incident
Follow up

Licensee: Ina Grafton Gage Home of Toronto

Long Term Care Home and City: Ina Grafton Gage Home, Scarborough

AMENDED INSPECTION SUMMARY

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Rescind Written Notification (WN) #017.

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 25 - 28, 2025 and March 3 - 7, 10 - 13, 17 - 21, 24 - 26, 2025.

The inspection occurred offsite on the following date(s): March 20, 2025.

The following follow-up intakes were inspected:

- Intake #00137712 was related to the prevention of abuse and neglect.
- Intake #00133705 was related to infection prevention and control.
- Intake #00133704 was related to medication management.

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The following Critical Incident (CI) intakes were inspected:

- Intakes #00133225 [CI #3034-000037-24], #00133471 [CI #3034-000039-24], #00135939 [CI #3034-000043-24], #00139614 [CI #3034-000005-25], #00137765 [CI #3034-000002-25], #00139614 [CI #3034-000005-25] and, #00137576 [CI #3034-000001-25] were related to the prevention of abuse and neglect.
- Intake #00133500 [CI #3034-000038-24] was related to plan of care.
- Intake: #00138543 [CI #3034-000003-25] was related to fall prevention and management.

The following Complaint was inspected:

- Intake #00136434 was related to the prevention of abuse and neglect.

The following intake was completed in this inspection:

- Intake #00127038 [CI #3034-000030-24] was related to fall prevention and management.

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2024-1528-0003 related to O. Reg. 246/22, s. 123 (2)
Order #002 from Inspection #2024-1528-0003 related to O. Reg. 246/22, s. 259 (2)
Order #001 from Inspection #2024-1528-0002 related to FLTCA, 2021, s. 25 (1)

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

Resident Care and Support Services
Medication Management

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Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Staffing, Training and Care Standards
Pain Management
Falls Prevention and Management

AMENDED 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; or

The licensee has failed to ensure that a resident's plan of care was reviewed and revised, when care set out in the plan was no longer necessary. The resident required additional precautions due to an infection. No additional precaution signage was observed. Staff indicated that the resident no longer required additional precautions as the infection was resolved.

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Sources: Observation, resident's clinical records and interviews with Registered Practical Nurse (RPN) and other staff.

WRITTEN NOTIFICATION: Residents' Bill of Rights

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

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:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.

The licensee has failed to ensure that two residents were treated with respect and dignity by a Personal Support Worker (PSW).

i) One resident reported that a PSW hit their hand and rushed through the care provided to them on a specified date and expressed feeling scared at the time of the incident.

Sources: the resident's clinical records, home's investigation notes, interviews with PSW and other staff.

ii) A PSW held a second resident's hand down and made several attempts to place fluids in the resident's mouth. The resident was agitated, waving their arms in front of their face at the time and the Behavioral Support Ontario (BSO) Lead repeatedly asked the PSW to stop.

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Sources: The resident's clinical records, investigation notes, CI #3034-000039-24 and interviews with PSW 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 (4) (b)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

The licensee has failed to ensure that the staff and others involved in the different aspects of care of a resident collaborated with each other, in the implementation of the resident's plan of care so that the different aspects of care were integrated and were consistent with and complemented each other.

A (RPN) did not collect a specimen that was ordered to rule out infection. The resident complained for the next sixteen days of multiple symptoms. The resident was treated with a specific medication however the particular infection was resistant to that medication.

Sources: the resident's clinical records, email communication regarding Life Lab's holiday hours, Life Labs document for preventing rejected samples, interviews with RPN and other staff.

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (c)

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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 of was not effective.

The resident sustained two falls and no review or revision of the plan of care took place. The resident sustained four additional falls and sustained an injury. The Falls Lead acknowledged that the plan of care for the resident should have been reviewed and revised after the first two falls.

Sources: the resident's clinical records and, interview with the Falls Lead and other staff.

WRITTEN NOTIFICATION: Reporting certain matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 1.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The licensee has failed to report immediately to the Director two allegations of improper or incompetent treatment or care of a resident. The resident raised concerns that a PSW was rough when assisting them with care, and on a separate

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report indicated staff were not providing sufficient personal hygiene care on night shift. These two incidents were not immediately reported as required.

Sources: the resident's clinical record, interviews with ADOC and other staff and, Critical Incident (CI) #3034-000001-25.

WRITTEN NOTIFICATION: Transferring and Positioning Techniques

NC #006 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.

The licensee has failed to ensure that staff used safe transferring and positioning techniques when assisting a resident.

A PSW transferred the resident to the toilet by themselves using the sit-to-stand lift. The Falls Lead acknowledged that the home's policy on lifts and transfers requires two staff to assist a resident using a sit-to-stand lift.

Sources: Resident's clinical records, Safe Lifting and Transfer Program Policy and, interviews with PSW and other staff.

WRITTEN NOTIFICATION: Required Programs

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

Required programs

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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 has failed to ensure staff followed their fall prevention and management program policy when a resident had a fall and was assisted off the floor by a PSW before being assessed by a nurse.

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 policy stated that assessment of a resident must be done immediately following a fall by the registered staff before moving the resident.

Sources: Fall Prevention and Management Program policy and, Interview with PSW and other staff.

WRITTEN NOTIFICATION: Required programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 2.

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:

2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure injuries, and provide effective skin and wound care interventions.

The licensee has failed to ensure registered nursing staff complied with the home's

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skin care and wound management program when registered nursing staff did not complete a skin assessment when a resident was found with bruising.

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 skin and wound care program to promote skin integrity, prevent the development of wounds and pressure injuries, and provide effective skin and wound care interventions were complied with.

Specifically, staff did not comply with the home's Quality management for skin and wound policy that registered staff are to follow for new bruises. Registered nursing staff are to complete a baseline assessment on new impaired skin integrity using the electronic wound assessment instrument, establish a plan of care outlining interventions and treatments and reassess weekly.

Sources: Quality management for skin and wound policy, the resident's clinical records and, interviews with PSW and other staff.

WRITTEN NOTIFICATION: Fall Prevention and Management

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

Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee has failed to implement the falls prevention and management program for a resident when staff did not provide a fall prevention intervention as required for

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a resident.

Sources: Inspector's observation on a specific date, review of the resident's clinical records, interview with Falls Lead and other staff.

WRITTEN NOTIFICATION: Continence care and bowel management

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (c)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,
(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

The licensee has failed to ensure that a resident received assistance from staff to maintain their continence. On a specified date, the resident requested assistance from a Personal Support Worker (PSW) to be toileted. However, the resident was not provided continence care until an hour later.

Sources: the resident's clinical records, the home's investigation notes and, interviews with the resident and other staff.

WRITTEN NOTIFICATION: Responsive behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (1) 1.

Responsive behaviours

s. 58 (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:

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1. Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other.

The licensee has failed to ensure that there were written approaches to care, assessment, reassessment and identification of behavioral triggers that may result in responsive behaviours were developed to meet the needs of a resident when they exhibited aggressive behaviours towards staff during care since admission to the home.

Sources: the resident's clinical records, interviews with PSW and BSO Lead and, home's investigation notes.

WRITTEN NOTIFICATION: Responsive Behaviours

NC #012 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

The licensee has failed to ensure that strategies were developed and implemented to respond to a resident's responsive behaviours as the strategies to manage these behaviours were not included in a resident's plan of care.

Sources: the resident's clinical records, interviews with PSW and other staff.

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WRITTEN NOTIFICATION: Menu planning

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

Non-compliance with: O. Reg. 246/22, s. 77 (5)

Menu planning

s. 77 (5) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 246/22, s. 390 (1).

The licensee has failed to ensure that a resident was provided with the planned menu items.

Sources: Home's lunch menu and investigation notes, interviews with PSW and other staff.

WRITTEN NOTIFICATION: Dining and snack service

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 9.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

9. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

The licensee has failed to ensure that staff used proper techniques when assisting a resident with eating. The resident required specific assistance with eating and staff were to practice patience and cueing when feeding the resident. Staff observed a PSW being distracted while feeding a resident and arguing with other staff causing a resident to be fed using improper techniques.

Sources: the resident's clinical records and interview with PSW and other staff.

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WRITTEN NOTIFICATION: Infection Prevention and Control

NC #015 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 the Infection Prevention and Control (IPAC) Standard issued by the Director, specifically relating to hand hygiene, was complied with.

Section 9.1 (b) of the IPAC Standard identifies that the licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program. Specifically, hand hygiene, including, but not limited to, at the four moments of hand hygiene which includes before initial resident/resident environment contact and after resident/resident environment contact.

A housekeeping staff did not perform hand hygiene when they were observed entering two resident rooms to clean while wearing the same gloves, nor did they perform hand hygiene when entering and exiting resident rooms.

Sources: Observations made on a specified date, Hand Hygiene policy and, interview with DOC.

WRITTEN NOTIFICATION: Dealing with complaints

NC #016 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Dealing with complaints

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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:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.

The licensee failed to investigate, resolve and, provide a resident with a response when the resident reported a verbal complaint to the home alleging improper and/or incompetent care by staff.

Sources: the resident's clinical record and, interview with ADOC.

(A1)

The following non-compliance(s) has been amended: NC #017

WRITTEN NOTIFICATION: Medication management system

NC #017 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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.

This written notification was rescinded.

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NOTICE OF RE-INSPECTION FEE

Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021, the licensee is subject to a re-inspection fee of \$500.00 to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

Follow-up # 2 - FLTCA, 2021 - s. 25 (1) Original CO #001 / 2024-1528-0002, FLTCA, 2021 - s. 25 (1), Policy to promote zero tolerance, extended CDD 12/12/2024 was not complied during this F/U inspection #2025-1528-0001, however it was complied within inspection #2025-1528-0003

Licensees must not pay a Re-Inspection Fee from a resident-care funding envelope provided by the Ministry (i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)). By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the Re-Inspection Fee.