Public Report

Report Issue Date: February 17, 2026
Inspection Number: 2026-1528-0002
Inspection Type:
Proactive Compliance Inspection

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

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 4-6, 9-13, 17, 2026

The following intake was inspected:
-Intake: #00169536 - Proactive Compliance Inspection

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Residents' and Family Councils
Medication Management
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Quality Improvement
Residents' Rights and Choices
Pain Management

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

A resident’s treatment order was not discontinued after the injury had healed.

Sources: Resident’s clinical records, and interview with staff.

Date Remedy Implemented: February 11, 2026

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 79 (1) 4.
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:
4. A process to ensure that food service workers and other staff assisting residents are aware of the residents’ diets, special needs and preferences.

A resident was served a food item when they did not like the choices for a meal and this preference was not documented in the home's diet book.

Sources: Observation with resident; Review of the diet book; Interview with staff.

Date Remedy Implemented: February 5, 2026

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)
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).

Signage was not posted at the entrance and throughout the home that lists the signs and symptoms of infectious diseases for self-monitoring as well as steps that must be taken if an infectious disease is suspected or confirmed in any individual. The signage was posted after being brought to the IPAC Manager's attention.

Source: Observations throughout the home; Interview with staff.

Date Remedy Implemented: February 6, 2026

WRITTEN NOTIFICATION: Residents' Bill of Rights

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 3 (1) 19. iv.
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:
19. Every resident has the right to,
iv. have their personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to their records of personal health information, including their plan of care, in accordance with that Act.

An item with a resident's personal information was found inside the garbage bin.

Sources: Observation on the unit; Interview with staff.

WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience Survey

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 43 (4)
Resident and Family/Caregiver Experience Survey
s. 43 (4) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in carrying out the survey and in acting on its results.

The licensee did not seek the advice of the Resident Council (RC) Family Council (FC) in carrying out the Resident and Family/Caregiver experience survey.

Sources: RC and FC meeting minutes; interviews with the RC President and FC President, and staff.

WRITTEN NOTIFICATION: Compliance with manufacturers' instructions

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 26
Compliance with manufacturers' instructions
s. 26. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.

A resident was provided with equipment as an intervention for an injury. This equipment was not set up in accordance with the manufacturer's instructions.

Sources: Observations; Manufacturer's instructions for the equipment; interview with staff.

WRITTEN NOTIFICATION: Bathing

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 37 (1)
Bathing
s. 37 (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

A resident did not receive a specific care on the day it was supposed to be provided.

Sources: Resident's clinical records, and interview with staff.

WRITTEN NOTIFICATION: Skin and wound care

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

Weekly assessments for a resident's injury were not completed on two separate dates.

Sources: Resident's clinical records; interview with staff.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #009 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).

(i) At the time of this inspection, the home had a mandatory masking policy in place on all resident units. A Registered Nurse (RN) student was observed providing care with their surgical mask worn below their nose.

Sources: Observation on the unit; Interview with staff.

(ii) On a certain date, two staff were observed with their surgical face mask worn below their nose.

Sources: Observation on the unit; Interview with staff.

(iii) On another identified date, two staff were observed with their surgical face mask worn below their nose in the nursing station on another unit.

Sources: Observation on the unit; Interview with staff

WRITTEN NOTIFICATION: Infection prevention and control program

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)
Infection prevention and control program
s. 102 (9) The licensee shall ensure that on every shift,
(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

A resident developed symptoms of an infection and was placed on isolation. Their symptoms were not recorded on three identified shifts during their isolation period.

Sources: Review of resident’s progress notes; Interview with IPAC Manager.

WRITTEN NOTIFICATION: Safe storage of drugs

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 138 (1) (b)
Safe storage of drugs
s. 138 (1) Every licensee of a long-term care home shall ensure that,
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

The narcotic bin storage of controlled substances inside the medication cart was noted to be unlocked, while it was left unattended by a RN.

Sources: Observation on the unit's medication cart; Interview with the staff.

WRITTEN NOTIFICATION: Drug destruction and disposal

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 148 (2) 3.
Drug destruction and disposal
s. 148 (2) The drug destruction and disposal policy must also provide for the following:
3. That drugs are destroyed and disposed of in a safe and environmentally appropriate manner in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

On a certain date, it was noted inside a medication room, the medications meant for destruction were placed on top of the white pail.

Sources: Policy titled: "Drug Destruction and Disposal", dated: April 2025; Interview with staff; Observation on the unit medication room.

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #013 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

1. Provide education to three PSWs on the appropriate usage of personal protective equipment (PPE) along with how to properly don and doff PPE when interacting with residents on additional precautions.
2. Conduct one random PPE audit per week for a period of three weeks on each of the three PSWs, to observe that these staff adhere to proper PPE usage and practices.
3. Maintain a record of all audits and education completed, including the staff completing the audit and education, dates and times they were completed, and any

corrective action taken, if necessary.

Grounds

Staff were to adhere to additional PPE requirements including appropriate selection application, removal and disposal for residents under additional precautions.

At the time of the inspection, a resident home area was in an identified outbreak. The following observations were made on that unit:
1. A PSW was observed doffing their Personal Protective Equipment coming out of resident room where additional precautions were required. The PSW did not change their surgical mask when they completed doffing their PPE.
2. Another PSW was seen assisting a resident in the hallway back to their room when the resident required additional precautions. The PSW did not wear additional PPE including eye protection, a gown and gloves while they assisted the resident.
3. The same PSW was seen assisting resident inside a room, where the resident required additional precautions and was seen without their eye protection worn.
4. Another PSW was seen inside a resident's room assisting them. The resident required additional precautions to be followed, however, the PSW was observed without their eye protection worn.

Failure to ensure that proper PPE practices were followed while the unit was on an outbreak may have resulted in further spread of the infectious disease.

Sources: Various observations on the unit; Interview with staff.

This order must be complied with by March 30, 2026

COMPLIANCE ORDER CO #002 Infection prevention and control program

NC #014 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 102 (7) 11.
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).

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 102 (7) 11. [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to:

1. Develop a process to audit and monitor the staff on a resident floor to ensure that residents are provided or offered hand hygiene prior to their meals. The process should identify the individual that will oversee the audits and monitoring of the staff on the floor and the frequency of these audits and monitoring.
2. Actions that would be taken by the home when staff on the resident floor are observed to be in non-complainant with providing or offering residents with hand hygiene before their meal.
3. Identify any potential gaps in knowledge and ability with the that specific floor staffs on providing or offering residents with hand hygiene before their meal and measures undertaken to address these gaps.

Please submit the written plan for achieving compliance for inspection #2026-1528-0002 to MLTC, by email by March 3, 2026.

Please ensure that the submitted written plan does not contain any Personal Information (PI)/Personal Health Information (PHI).

Grounds

The licensee was required to provide residents with assistance to perform hand hygiene before meals.

A resident floor was on an identified disease outbreak at the time of this inspection. Two residents on the unit, did not receive or were confirmed to have received any hand hygiene from the staff in the home prior to having their meals.

Failure to ensure that residents received hand hygiene prior to their meals may have resulted in further disease transmission.

Sources: Observation on the resident unit; Interview with staff

This order must be complied with by March 30, 2026

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
Notice of Administrative Monetary Penalty AMP #001
Related to Compliance Order CO #002

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $5500.00, to be paid within 30 days from the date of the invoice.
In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:

NCR issued January 12, 2023, inspection # 2022-1528-0004
Compliance Order issued January 21, 2025, in inspection # 2025-1528-0001

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.
Licensees must not pay an AMP 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 AMP.

REVIEW/APPEAL 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

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

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

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.