

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 23, 2026

Inspection Number: 2026-1709-0002

Inspection Type:

Complaint
Critical Incident
Follow up

Licensee: Humber Meadows Long-Term Care Home

Long Term Care Home and City: Humber Meadows Long-Term Care Home,
Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 9, 10, 13-17, 21, 23, 2026

The inspection occurred offsite on the following date(s): April 14, 2026

The following Critical Incident System (C.I.S) intake(s) were inspected:

- Intake: #00170857 - C.I.S - 3065-000014-26 - related to abuse, and skin and wound prevention and management
- Intake: #00170884 - C.I.S - 3065-000015-26/3065-000016-26 - related to abuse, skin and wound prevention and management, and fall prevention and management

The following Follow-up intake(s) were inspected:

- Intake: #00168386 - Follow-up on a Compliance Order (CO) related to Residents' Bill of Rights

The following Complaint intake(s) were inspected:

- Intake: #00169632 - Complaint related to resident care and support services, and fall prevention and management
- Intake: #00171700 - Complaint related to abuse, and skin and wound prevention and management
- Intake: #00174914 - Complaint related to multiple care concerns for a resident

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Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2026-1709-0001 related to FLTCA, 2021, s. 3 (1) 16.

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Medication Management
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Falls Prevention and Management

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) 16.

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:

16. Every resident has the right to proper accommodation, nutrition, care and services consistent with their needs.

A resident stated that a specific device the home implemented was not appropriate for them. The home did not make the required adjustments to the device for a period of time.

Sources: Review of the resident's assessments and progress notes, Observations; and interviews with the resident, Maintenance Lead (ML), a Registered Nurse (RN), a Resident Home Area Manager (RHAM), and Quality & Compliance Manager (QCM).

WRITTEN NOTIFICATION: Integration Of Assessments, Care

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NC #002 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.

A resident presented with a change in health status, resulting in the inconsistent administration of their scheduled medication. The nursing staff did not collaborate with the physician until the resident presented with a change in health status on a subsequent date.

Sources: Resident's clinical records; the home's policy titled "Medication Administration", VIII-E-13.00, last reviewed September 16, 2025; and interviews with two RNs, and a Registered Practical Nurse (RPN).

WRITTEN NOTIFICATION: Plan of Care

NC #003 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.

A resident required a certain level of assistance for an activity of daily living (ADL). A Personal Support Worker (PSW) did not provide the correct level of assistance.

Sources: Resident's care plan; and interview with a RHAM.

WRITTEN NOTIFICATION: Documentation

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

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A resident had an order for a treatment. However, the treatment provided to the resident was not documented for multiple days.

Sources: Resident's clinical records; and interview with a RN.

WRITTEN NOTIFICATION: Falls Prevention and Management

NC #005 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).

A resident was observed not having an intervention for fall prevention and management implemented that was indicated in their care plan.

Sources: Resident's clinical records; the home's policy titled "Falls Prevention & Management", VII-G-30.10, last reviewed on February 2026; and interviews with a PSW and a RPN.



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

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