

**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 3, 2025

**Inspection Number:** 2025-1284-0001

**Inspection Type:**

Other  
Critical Incident

**Licensee:** Slovenian Linden Foundation

**Long Term Care Home and City:** Dom Lipa, Etobicoke

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 25-27, and March 3, 2025.  
The inspection occurred offsite on the following date(s): February 28, 2025.

The following intake(s) were inspected:

- Intake: #00134145/Critical Incident System (CIS) #2794-000026-24 was related to a disease outbreak;
- Intake: #00136723/CIS #2794-000001-25 was related to an alleged incident of improper care;
- Intake: #00139207 was related to the home's emergency planning annual attestation.

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

Resident Care and Support Services  
Infection Prevention and Control  
Safe and Secure Home

## INSPECTION RESULTS

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## **WRITTEN NOTIFICATION: Infection prevention and control program**

NC #001 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 any standard or protocol issued by the Director with respect to infection prevention and control (IPAC) was implemented. Specifically, section 9.1, “the licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program”, including the four moments of hand hygiene and section 6.7, “the licensee shall ensure that all staff, students, volunteers and support workers comply with applicable masking requirements at all times”.

i) During a meal service, a Personal Support Worker (PSW) failed to perform hand hygiene after assisting a wheelchair-dependent resident to the dining room and before wheeling another resident to the dining room. Later in the same dining room, a second PSW failed to perform hand hygiene after positioning a resident’s wheelchair to their assigned table and before assisting another resident.

ii) A PSW failed to wear their mask properly when portering a resident out of the activity room.

**Sources:** Observations; IPAC Standard for Long Term Care Home (LTCH)’s last revised September 2023; LTCH’s hand hygiene policy last revised October 2024; interviews with PSWs and IPAC lead.

[741673]

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## **WRITTEN NOTIFICATION: Infection prevention and control program**

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

**Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)**

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

The licensee has failed to ensure that symptoms indicating the presence of infection for a resident were monitored on every shift, in accordance with any standard or protocol issued by the Director.

The resident had symptoms of infection and was placed on isolation precautions. Review of the home's outbreak line list confirmed that the resident was associated with an outbreak, however staff failed to monitor and record signs and symptoms of the infection during two shifts.

**Sources:** Resident's progress notes; and interview with IPAC Lead.  
[741673]

## **WRITTEN NOTIFICATION: Attestation**

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

**Non-compliance with: O. Reg. 246/22, s. 270 (3)**

Attestation

s. 270 (3) The licensee shall ensure that the attestation is submitted annually to the Director.

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The licensee has failed to ensure that the emergency planning attestation form was submitted annually to the Director. The home did not submit the required attestation to the Director as required by December 31, 2024.

**Sources:** LTCH's emergency planning attestation form; and interview with administrator.

[741673]