

**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 20, 2025

**Inspection Number:** 2025-1547-0002

**Inspection Type:**

Other  
Critical Incident

**Licensee:** City of Toronto

**Long Term Care Home and City:** Fudger House, Toronto

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 13, 14, 17, 18, 20, 2025.

The inspection occurred offsite on the following date(s): March 19, 2025.

The following intake(s) were inspected:

Intake: #00136099 (CIS #M524-000001-25) was related to infection prevention and control

Intake: #00139603 was related to outstanding emergency planning annual attestation

Intake: #00139926 (CIS #M524-000003-25) was related to falls prevention and management

The following intakes were completed in the Critical Incident System (CIS)

Inspection:

Intakes #00132049 (CIS #M524-000021-24), #00132047 (CIS #M524-000020-24), #00133602 (CIS #M524-000022-24) were related infection prevention and control.

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

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Infection Prevention and Control  
Safe and Secure Home  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Housekeeping

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

**Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (iii)**

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(iii) contact surfaces;

The licensee has failed to ensure that contact surfaces in a resident's room were disinfected.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee was required to ensure that procedures were developed and implemented for cleaning and disinfection of contact surfaces.

Specifically, a staff member failed to comply with the home's Daily Resident Room Cleaning Policy, which required staff to use a disinfectant solution to disinfect high touch surfaces in residents' rooms. A housekeeping staff was observed cleaning

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high touch surfaces in a resident's with Breakdown XC 47 solution, which was not a disinfectant.

**Sources:** Observation; review of the home's Daily Resident Room Cleaning Policy (#BS-SOP-03, published May 23, 2024) and Breakdown XC 47 ingredient list; and staff interviews.

## 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 (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 Routine Practices and additional precautions were followed in accordance with the Infection Prevention and Control (IPAC) Standard. Specifically, six individuals including four staff members, did not perform hand hygiene before and after resident and their environment contact as required by Additional Requirement 9.1 (b) under the IPAC Standard.

**Sources:** Observations; and a review of IPAC Standard for Long-Term Care Homes, Revised September 2023.

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## WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #003 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 on every shift, a resident's symptoms indicating the presence of infection were monitored.

The symptoms of infection for a resident on additional precautions were not monitored on every shift as required.

**Sources:** Resident's clinical records; and staff interview.

## WRITTEN NOTIFICATION: Attestation

NC #004 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 failed to ensure that the annual emergency planning attestation form for 2024 was submitted to the Director by the due date.

**Sources:** Home's emergency planning attestation form; and staff interview.