

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 19, 2025

Inspection Number: 2025-1525-0002

Inspection Type:

Proactive Compliance Inspection

Licensee: The Governing Council of the Salvation Army in Canada

Long Term Care Home and City: Isabel and Arthur Meighen Manor, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 26-28, 2025, and March 3-7, 10-14, 17-19, 2025

The inspection occurred offsite on the following date(s): March 16, 2025

The following intake was inspected:

- Intake: #00140586: Proactive Compliance Inspection (PCI)

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

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

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Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Training and Orientation

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

Non-compliance with: O. Reg. 246/22, s. 259 (2) (f)

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,
(f) cleaning and disinfection practices;

The licensee has failed to ensure that the annual retraining for two Personal Support Workers (PSWs) for Infection Prevention and Control (IPAC) included cleaning and disinfection practices.

Sources: IPAC training records; and interview with IPAC Lead.

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) 18.

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:

18. Every resident has the right to be afforded privacy in treatment and in caring for their personal needs.

The licensee has failed to ensure that a resident was provided privacy during the

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provision of care by a PSW. A PSW was providing care to the resident with the door open.

Sources: Observations of a resident, and interview with a PSW.

WRITTEN NOTIFICATION: Plan of Care

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

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

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that a resident's plan of care related to bathing set out clear directions to staff and others who provided direct care to the resident.

The resident's plan of care indicated they required two different types of assistance with bathing. However, a Registered Practical Nurse (RPN) confirmed that the resident was only one type of assistance with bathing.

Sources: A resident's clinical records; and interviews with an RPN 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 (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.

The licensee has failed to ensure that the care set out in a resident's plan of care

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related to dressing was provided to the resident as specified in their plan, when a PSW provided care to the resident including dressing by a certain level of assistance. The resident's plan of care indicated they required a different level of assistance from what was provided.

Sources: A resident's clinical records; and interviews with a PSW and RPN.

WRITTEN NOTIFICATION: Communication and Response System

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

Non-compliance with: O. Reg. 246/22, s. 20 (a)

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

The licensee has failed to ensure that a resident's call bell was within their reach when they were in bed when the cord was observed on the ground under the resident's bed.

Sources: Observations.

WRITTEN NOTIFICATION: Air Temperature

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 24 (2) 1.

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

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1. At least two resident bedrooms in different parts of the home.

The licensee has failed to ensure that the temperature was measured and documented in writing, in at least two resident bedrooms in different parts of the home, between a specified timeframe.

Sources: Home's air temperature records; and interviews with the Environmental/Facilities Services Manager (ESM) and other staff.

WRITTEN NOTIFICATION: Air Temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (2) 2.

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.

The licensee has failed to ensure that the temperature was documented in writing, in one resident common area on every floor of the home, between a specified timeframe.

Sources: Home's air temperature records; and interviews with ESM and other staff.

WRITTEN NOTIFICATION: Air Temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (3)

Air temperature

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s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee has failed to ensure that the temperatures required to be measured, in at least two resident bedrooms and in one resident common area on every floor of the home, was documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night, between a specified timeframe.

Sources: Home's air temperature records; and interviews with ESM and other staff.

WRITTEN NOTIFICATION: Air Temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (5)

Air temperature

s. 24 (5) The licensee shall keep a record of the measurements documented under subsections (2), (3) and (4) for at least one year.

The licensee has failed to ensure to keep a record of the measurements documented for the air temperatures of different areas of the home for at least one year. There were no records of temperature measurements prior to September 9, 2024.

Sources: Home's air temperature records.

WRITTEN NOTIFICATION: Skin and Wound Care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

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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;

The licensee has failed to ensure that two residents exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds, were reassessed at least weekly.

a) A resident exhibited an altered skin integrity. A Weekly Skin and Wound Assessment was not completed for a specified date for this resident. The Skin and Wound Lead acknowledged that an assessment was not completed weekly.

Sources: Review of a resident's electronic health records, and interview with Skin and Wound Lead.

b) Another resident exhibited an altered skin integrity. A Weekly Skin and Wound Assessment was not completed for a specified date for this resident. The Skin and Wound Lead acknowledged that an assessment was not completed weekly.

Sources: Review of a resident's electronic health records, policy# 11.02 titled, Skin and Wound Care Program, revised June 28, 2024, interview with Skin and Wound Lead and other relevant staff.

WRITTEN NOTIFICATION: Dining and Snack Service

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

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

Dining and snack service

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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:

5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

The licensee has failed to ensure that the food item was served at a temperature that was both safe and palatable during a meal service, when a Dietary Aide (DA) did not take the temperature of the food item prior to the service. The home's policy related to food temperature indicated that the internal temperature for this food item must reach a specific temperature for a minimum amount of time before serving. The policy was not complied with during this observation.

Sources: Observations; Home's policy related to Food Temperature, revised May 1, 2023; and Interviews with a DA and Food Services Manager (FSM).

WRITTEN NOTIFICATION: Dining and Snack Service

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 8.

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:

8. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

The licensee has failed to ensure that a resident was provided with an eating aide during a meal service, when a PSW was observed providing the resident a beverage without the eating aide.

Sources: Observations; A resident's clinical records; and Interviews with a PSW and

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other staff.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #013 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 IPAC Standard for Long-Term Care Homes issued by the Director was complied with.

In accordance with Additional Requirement 9.1 (f) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that a PSW removed Personal Protective Equipment (PPE) appropriately, when they were observed removing their gown first instead of gloves after they had exited a resident room on additional precautions.

Sources: Observations; and interview with a PSW.

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

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

Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at

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least the following persons:

8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.

The licensee has failed to ensure the Continuous Quality Improvement (CQI) committee included a PSW. CQI lead and an Associate Director of Care (ADOC) both confirmed a PSW was not part of the CQI committee until February 2025.

Sources: Quality Improvement (QI) Committee Meeting Minutes; and interviews with CQI lead and ADOC.