Ontario

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

**Ministry of Long-Term Care**
Long-Term Care Operations Division
Long-Term Care Inspections Branch

**Toronto District**
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# Public Report

**Report Issue Date:** April 4, 2025

**Inspection Number:** 2025-1562-0003

**Inspection Type:**
Complaint
Critical Incident

**Licensee:** City of Toronto

**Long Term Care Home and City:** Kipling Acres, Etobicoke

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 13 - 14, 18 - 21, 24 - 28, 31, 2025 and April 1 - 4, 2025

The following Critical Incident System (CIS) intake(s) were inspected:

- Intakes: #00135876, #00138812, #00142196, #00142726, related to a missing resident
- Intake #00140885, related to fall of a resident resulting in injury
- Intake: #00139027, #00141582, related to disease outbreaks
- Intake: #00141092, related to alleged abuse

The following complaint intake(s) were inspected:

- Intake: #00140434 related to care standards of a resident
- Intake #00140732 related to improper care of a resident

The following CIS intake(s) were completed:

- Intake: #00137527, #00139725, related to fall of residents
- Intake: #00139648, related to improper care of a resident
- Intake #00141083, related to care standards of a resident.

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

Resident Care and Support Services
Infection Prevention and Control

Responsive Behaviours
Reporting and Complaints
Falls Prevention and Management

# INSPECTION RESULTS

## WRITTEN NOTIFICATION: Plan of care

NC #001 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 a specified intervention was provided to a resident, as required in their plan of care.

A specific intervention was initiated to manage a resident's responsive behaviour, however the intervention was not implemented.

**Sources:** Resident's health records, interviews with the Registered Nurses.

## WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: FLTCA, 2021, s. 28 (1) 2.**
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the

information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to immediately report an allegation of physical abuse of a resident to the Director.

In accordance with s. 28 (1) 2 of the Fixing Long-Term Care Act. pursuant to s. 154 (3), the licensee is vicariously liable for staff members failing to comply with s. 28 (1).

Two staff learned that the resident alleged they were physically abused, however the staff did not immediately report the allegation to the Director.

**Sources:** Critical Incident Report, resident's clinical record, interviews with the PSWs, Nurse Manager and the resident.

## WRITTEN NOTIFICATION: Responsive behaviours

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)**
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(b) strategies are developed and implemented to respond to these behaviours, where possible.

The licensee has failed to ensure that strategies were implemented to manage a resident 's responsive behaviours.

A resident exhibited responsive behaviours. The care plan instructed staff to provide a specific intervention, however the intervention was not implemented by staff.

**Sources**: Resident's clinical records and interviews with registered staff.