

**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 10, 2025

**Inspection Number:** 2025-1359-0002

**Inspection Type:**

Complaint  
Critical Incident  
Follow up

**Licensee:** 2063414 Ontario Limited as General Partner of 2063414 Investment LP

**Long Term Care Home and City:** Weston Terrace Community, Toronto

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 24 - 28, March 3 -7, and 10 2025.

The following intakes were inspected in this Follow Up inspection:

Intake: #00136369, related to prevention of abuse and neglect.  
Intake: #00136370, related to reporting certain matters to the Director.

The following intakes were inspected in this Complaint inspection:

Intake: #00139066, related to medication administration and continence care.  
Intake: #00139787, related to a resident injury of unknown cause and improper transfer.

The following intakes were inspected in this Critical Incident inspection:

Intake: #00135857 / Critical Incident System (CIS) #2874-000080-24, related to staff to resident physical abuse.  
Intake: #00139005 / CIS #2874-000007-25, related to a disease outbreak.  
Intake: #00136939 / CIS #2874-000001-25, related to a resident injury of unknown cause and improper care.  
Intake: #00137359 / CIS #2874-000002-25, related to medication administration and improper transferring of a resident.

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The following intakes were completed in this inspection:

Intake: #00134629 / CIS #2874-000077-24, related to a disease outbreak.

Intake: #00137913 / CIS #2874-000003-25, related to a resident fall resulting in an injury.

Intake#00138256 / CIS #2874-000005-25, related to a resident injury of unknown cause.

## Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2024-1359-0004 related to FLTCA, 2021, s. 24 (1).

Order #002 from Inspection #2024-1359-0004 related to FLTCA, 2021, s. 28 (1) 2.

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

- Resident Care and Support Services
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Reporting and Complaints
- Falls Prevention and Management

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

#### **Non-compliance with: FLTCA, 2021, s. 6 (10) (b)**

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

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(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that a resident was reassessed and the plan of care was reviewed and revised when the care set out in the plan was no longer necessary. A resident's care plan indicated that staff were required to provide a specific device for their comfort, however the resident no longer required the intervention. The care plan was revised and updated to discontinue the intervention on February 28, 2025.

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

Date Remedy Implemented: February 28, 2025

**WRITTEN NOTIFICATION: Administration of Drugs**

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

**Non-compliance with: O. Reg. 246/22, s. 140 (1)**

Administration of drugs

s. 140 (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 246/22, s. 140 (1).

The licensee has failed to ensure that no drug was administered to a resident in the home unless the drug has been prescribed for the resident.

A resident was administered a medication that was not prescribed for the resident. The Registered Practical Nurse (RPN) did not check the medication label before administration.

**Sources:** Medication incident report and interviews with 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 (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

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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 the written plan of care for a resident sets out clear directions to staff and others who provided direct care to the resident.

A resident was ordered a liquid medication and specific consistency. The medication consistency was thinner than the thickened fluids ordered. The registered staff did not thicken the medication as required. The written plan of care for the resident did not provide instructions on how the medication was to be thickened as per the dietary intervention ordered.

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

**WRITTEN NOTIFICATION: Transferring and Positioning Techniques**

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

**Non-compliance with: O. Reg. 246/22, s. 40**

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee has failed to ensure that staff used safe transferring and positioning devices or techniques when assisting a resident.

When a recreation staff provided mobility assistance to a resident, they used an unsafe technique. The Physiotherapist (PT) acknowledged that a safe technique was not used when assisting the resident.

**Sources:** Observation and interviews with the resident and staff.

**WRITTEN NOTIFICATION: Infection Prevention and Control Program**

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

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

Infection prevention and control program

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

(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

The licensee has failed to ensure that after a confirmed respiratory outbreak, symptoms were appropriately recorded on every shift, for two symptomatic residents on the outbreak line list.

**Sources:** Residents' clinical health records and interviews with staff.

**COMPLIANCE ORDER CO #001 Plan of Care**

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

- 1) Provide education and training to five specified Personal Support Workers (PSWs) on the home's policies related to safe resident handling and mechanical lift and sling safety protocols.
- 2) Provide education and training to four specified PSWs on a specific resident's care plan related to transferring and scheduled toileting.
- 3) Provide education and training to two specified PSWs on a specific resident's care plan related to transferring and scheduled toileting.
- 4) Document and maintain a written record of the education and training provided, including the date(s) training was held, an overview of the topics covered, method of delivery, the name and credentials of the staff member who provided the training, the name and credentials of the staff member receiving the training, and the recipient staff's signature that they understood the

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training provided.

- 5) Conduct weekly audits to observe PSWs, including but not limited to the specified PSWs providing the required assistance to the two specified residents for a period of four weeks.
- 6) Maintain a record of the audits completed, including date, shift time, person completing the audit, observations made, and content of on-the-spot education provided and/or other corrective actions taken where required.
- 7) Retain all records until the MLTC has deemed this order has been complied.

**Grounds**

The licensee has failed to ensure that the care set out in the plan of care was provided to two residents as specified in the plan.

(A) (i) A PSW provided one team member assistance for continence care while the resident was in bed. However, the resident's plan of care indicated that they required two team member total assistance for continence care when they were in bed.

(ii) A PSW provided one team member assistance when transferring the resident. However, the resident's plan of care indicated that two team member assistance was required.

**Sources:** Resident's plan of care, the home's investigation notes, the home's policy Safe Resident Handling, and interviews with staff.

(B) A resident's care plan indicated that they required "extensive assistance by two team members" for transfers and toileting and the resident might require a mechanical lift as needed for transfers.

(i) Two PSWs provided one team member assistance for toileting and transferring.

(ii) Two PSWs provided one team member assistance for transferring on two occasions.

**Sources:** Resident's care plan; home's investigation notes; the home's policy Safe Resident

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Handling, and interviews with staff.

**This order must be complied with by** June 5, 2025

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## REVIEW/APPEAL INFORMATION

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)



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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

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**Director**

c/o Appeals Coordinator  
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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).