

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: June 18, 2025

Inspection Number: 2025-1498-0003

Inspection Type:

Complaint
Critical Incident
Follow up

Licensee: Royal Canadian Legion District 'D' Care Centres

Long Term Care Home and City: Tony Stacey Centre for Veterans' Care, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 2-6, 9-11, 13, and 16-18, 2025

The following intake(s) were inspected:

- Intake/ follow-up #1 - Compliance Order (CO) #003 in inspection #2025-1498-0001, related to FLTCA, 2021 - s. 19 (1) (c), Accommodation services, Compliance Due Date (CDD) May 30, 2025.
- Intake/follow-up #1 - CO #002 in inspection #2025-1498-0001, related to O. Reg. 246/22 s. 102 (11), Infection Prevention and Control Program, CDD April 11, 2025.
- Intake/follow-up #1 - CO #001 in inspection #2025-1498-0001, related to O. Reg. 246/22 s. 102 (2) (b), Infection Prevention and Control Program, CDD April 11, 2025.
- Intake/Critical Incident Report (CIR) - related to neglect of resident by staff.
- Intake - complainant related to concerns of dining services, linen and a cleanliness of the Long-Term Care Home (LTCH).
- Intake/CIR- related to environmental hazard.
- Intake/CIR- fall of resident that resulted in an injury.
- Intake/CIR - related to alleged abuse of resident by staff.
- Intake/CIR - fall of resident resulting in an injury.

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- Intake/CIR - related to alleged abuse of resident by staff.

Inspector, Dion, Ormsby (#000914) attend this inspection for shadowing.

Previously Issued Compliance Order(s)

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

Order #003 from Inspection #2025-1498-0001 related to FLTCA, 2021, s. 19 (1) (c)

Order #002 from Inspection #2025-1498-0001 related to O. Reg. 246/22, s. 102 (11)

Order #001 from Inspection #2025-1498-0001 related to O. Reg. 246/22, s. 102 (2) (b)

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

- Skin and Wound Prevention and Management
- Housekeeping, Laundry and Maintenance Services
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- 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.

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

Non-compliance with: FLTCA, 2021, s. 5

Home to be safe, secure environment

s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

The licensee has failed to ensure that the home is a safe and secure environment for its residents. Specifically, the inspector observed that the first-floor Resident Tub Room door was not latching properly and remained ajar. Inside the room, there were multiple sharp containers, including one with sharps visibly protruding from the top, as well as two 4L containers of Encore Aloe Perineal Wash.

On the following day, the inspector confirmed that the Resident Tub Room door was latching properly. The Environmental Services Manager (ESM) confirmed that the door had been repaired.

Source: Observation and interview with Personal Support Worker (PSW). [741724]

Date Remedy Implemented: June 3, 2025

WRITTEN NOTIFICATION: Continence care and bowel management

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

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

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,

(a) the planned care for the resident;

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The licensee has failed to ensure that there was a written plan of care for a resident that set out the planned care for them. Specifically, a PSW knew of what care to provide to the resident, however, the information regarding this was not found anywhere in resident care records.

Sources: Resident care plan, kardex and tasks; interviews with PSW and resident [762]

WRITTEN NOTIFICATION: FALLS PREVENTION AND MANAGEMENT

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

Non-compliance with: O. Reg. 246/22, s. 54 (2)

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The licensee failed to ensure that when a resident has an incident, that they are assessed and that a post incident assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for the incident. Several clinical records for a resident identified that they had an incident on a certain date, and a post incident assessment using a clinically appropriate assessment instrument was not completed. Two Registered Practical Nurse's (RPN) confirmed that a post incident assessment was to be completed after every incident. A RPN and the Director of Care (DOC) confirmed that the post incident assessment was not completed using the specifically designed tool.

Sources: Resident's clinical records and interviews with RPN and the DOC. [721709]

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WRITTEN NOTIFICATION: SKIN AND WOUND CARE

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

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

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;

1) The licensee failed to ensure that a resident exhibiting altered skin integrity including a wound was reassessed at least weekly, specifically for a resident who sustained altered skin integrity on a certain date. The resident's clinical records indicated that a skin and wound assessment was not completed. Two RPN's confirmed skin and wound assessments were to be completed weekly and were not completed for the resident during the a certain period.

Sources: Resident's clinical records, the home's policy Skin and Wound Care Program: Assessment and Care Planning, and interviews with RPN's. [721709]

2) The licensee failed to ensure that a resident exhibiting altered skin integrity including a wound was reassessed at least weekly, specifically resident who sustained altered skin integrity on a certain date. The resident's clinical records indicated that a skin and wound assessment was not completed between a certain period. Two RPN's confirmed skin and wound assessments were to be completed weekly and were not completed for resident during a certain period.

Sources: Resident #004's clinical records, the home's policy Skin and Wound Care Program: Assessment and Care Planning, and interviews with RPN. [721709]

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WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (a)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

The licensee has failed to ensure that a resident, who is had a certain condition, received an bowel and bladder assessment using a clinically appropriate instrument on a certain date.

Sources: Review of clinical records and physical chart; LTCH Policy; Interview with Registered nurse (RN) [762]

WRITTEN NOTIFICATION: Construction, renovation, etc., of homes

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

Non-compliance with: O. Reg. 246/22, s. 356 (3)

Construction, renovation, etc., of homes

s. 356 (3) A licensee may not commence any of the following work without first receiving the approval of the Director:

1. Alterations, additions or renovations to the home.
2. Other work on the home or work on its equipment, if doing the work may significantly disturb or significantly inconvenience residents.

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The licensee has failed to receive approval from the Director before commencing renovation work and work that may significantly disturb or significantly inconvenience residents. Specifically, the licensee did not submit an Operational Plan to the Director for fire panel upgrade and roof replacement work. Both works were actively in progress during the inspection and were ongoing without prior Director review or approval.

Sources: Observations, CIR, project approval documents, emails from the home, Ministry of Long-Term Care (MLTC) technical specialist, and Fire Inspector, and interviews with staff and residents. [741724]

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

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