

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: July 8, 2025

Inspection Number: 2025-1515-0003

Inspection Type:

Complaint
Critical Incident

Licensee: The Wexford Residence Inc.

Long Term Care Home and City: The Wexford, Scarborough

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 24, 25, 26, 27, 2025 and July 2, 3, 4, 8, 2025

The inspection occurred offsite on the following date(s): July 7, 2025

The following intakes were inspected:

- Intake: #00144667 – Critical Incident (CI) #3021-000007-25- related to the fall of a resident resulting in injury
- Intake: #00147032 – CI #3021-000014-25 - related to a communicable disease outbreak
- Intake: #00149726 – complaint related to staffing

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

Infection Prevention and Control
Safe and Secure Home
Staffing, Training and Care Standards
Falls Prevention and Management

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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 procedures were developed and implemented for cleaning and disinfection of contact surfaces, in accordance with evidence-based practices.

Best practices for cleaning and disinfecting high touch surfaces are to use at a minimum a low-level disinfectant, at least daily. The Infection Prevention and Control (IPAC) Lead confirmed that the home's policies and procedures did not contain such information.

Sources: Public Health Ontario - Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings. 3rd. Edition, April 2018, the home's environmental cleaning and disinfecting policies and procedures and an interview with the IPAC Lead.

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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 (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 a resident's symptoms were recorded on each shift when they were diagnosed with an infection.

The home was in an infectious disease outbreak and a resident was symptomatic. Their symptoms were not documented on all shifts. The IPAC Lead confirmed that the resident's symptoms had not been documented on every shift.

Sources: A resident's progress notes and an interview with the IPAC Lead.

COMPLIANCE ORDER CO #001 Air conditioning requirements

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 23.1 (3) 1.

Air conditioning requirements

s. 23.1 (3) The licensee shall ensure air conditioning is operating, and is used in accordance with the manufacturer's instructions, in each area of the long-term care home described in subsection (1) in either of the following circumstances:

1. When needed to maintain the temperature at a comfortable level for residents during the period and on the days described in subsections (1) and (2).

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

- 1) Ensure that the temperature is maintained in all resident rooms for the purpose of cooling and is at a comfortable level for residents between May 15 to September 15.
- 2) Ascertain a Heating, Ventilation and Air Conditioning (HVAC) Engineer/Technician to ensure air conditioning is operating efficiently for the purpose of cooling the temperature in every resident room.
- 3) Obtain a report from the HVAC Engineer/Technician to describe the capacity of the air conditioning unit to cool the home appropriately.

Grounds

The licensee has failed to ensure that air conditioning was operating when needed to maintain the temperature at a comfortable level for residents on two days.

Environment Canada forecasted the following maximum temperatures on those days in the City of Toronto to be 35.6 and 30.0 degrees Celsius.

On one day, the temperatures recorded by the home were 26.9 and 26.4 degrees Celsius in two resident rooms. The inspector's readings in resident rooms ranged from 27.5 to 29.7 degrees Celsius.

On another day, the temperatures recorded by the home were 28.0 and 29.1 degrees Celsius in two resident rooms. The inspector's readings in resident rooms ranged from 27.7 to 28.6 degrees Celsius.

Three residents indicated they felt the temperature in their rooms was uncomfortable.

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The Chief Executive Officer (CEO) stated they became aware of problems with the HVAC system earlier that month and learned that the system had been pushed beyond its capacity for several years. The CEO indicated that a system upgrade was required to ensure the air conditioning system could be relied upon.

Failing to ensure that air conditioning was operating when needed to maintain the temperature at a comfortable level for residents, put them at risk for heat related illness.

Sources: Observations, Environment Canada, the home's air temperature logs, and an interview with the CEO.

This order must be complied with by August 29, 2025

COMPLIANCE ORDER CO #002 Cooling requirements

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 23 (2)

Cooling requirements

s. 23 (2) The heat related illness prevention and management plan must, at a minimum,

- (a) identify specific risk factors that may lead to heat related illness and require staff to regularly monitor whether residents are exposed to such risk factors and take appropriate actions in response;
- (b) identify symptoms of heat related illness and require staff to regularly monitor whether residents exhibit those symptoms and take appropriate actions in response;
- (c) identify specific interventions and strategies that staff are to implement to prevent or mitigate the identified risk factors that may lead to heat related illness and to prevent or mitigate the identified symptoms of such an illness in residents;
- (d) include the use of air conditioning, cooling equipment and other resources, as

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necessary, to protect residents from heat related illness; and
(e) include a protocol for appropriately communicating the heat related illness prevention and management plan to residents, staff, volunteers, substitute decision-makers, visitors, the Residents' Council of the home, the Family Council of the home, if any, and others where appropriate. O. Reg. 246/22, s. 23 (2); O. Reg. 66/23, s. 3 (1).

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

- 1) Review the current policy and develop an operational plan that provides guidance and information to prevent heat related illness.
- 2) Ensure the plan includes at minimum the requirements provided for in paragraphs (a) through (e) of s. 23 (2) of the regulation.
- 3) Provide specific actions that can be implemented by staff of the home during the periods described in subsection 23 (4) of the regulation.
- 4) Provide the plan to the inspector upon request.

Grounds

The home failed to ensure that a written heat related illness prevention and management plan included items provided for in the regulations.

The home's heat related illness prevention and management plan lacked the following:

- (a) The identification of risk factors that may be present in a resident's medical history such as age, pre-existing health conditions like heart or lung problems, and certain types of medications.
- (b) The identification of symptoms residents may present with when becoming ill due to heat such as heavy sweating, muscle cramps, dizziness, nausea, headache, confusion, and a rapid pulse.
- (c) Specific interventions that different departments should implement such as

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extra monitoring for residents at high risk, providing cold beverages, modifying activities, and substituting foods on the menu.

(d) How and when the home would use cooling equipment such as portable air conditioners and rental of large compressors.

(e) A protocol to communicate the above such as emails, signs, and staff huddles.

The Chief Executive Officer (CEO) and the Director of Care (DOC) acknowledged the home's current plan was not specific and could be improved.

Failing to have a heat related illness prevention and management plan that was specific and contained all the requirements provided for in the regulations, put residents at risk for heat related illness.

Sources: The home's policy #F-135, Heat Related Illness Prevention & Management Plan last revised June 3, 2024, and interviews with the CEO and DOC.

This order must be complied with by August 29, 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, 8th floor
Toronto, ON, M7A 1N3
e-mail: 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, 9th Floor
Toronto, ON, M5S 1S4

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Director

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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.