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
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Public Report

Report Issue Date: June 25, 2025
Inspection Number: 2025-1442-0004
Inspection Type: Complaint
Licensee: The Rekai Centres
Long Term Care Home and City: Wellesley Central Place, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 12, 13, 15-18, 24-25, 2025
The inspection occurred offsite on the following date(s): June 23, 2025

The following complaint intake was inspected:

- Intake: #00143252 was related to nutrition and hydration program and dealing with complaints.

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

Food, Nutrition and Hydration
Infection Prevention and Control
Reporting and Complaints

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 (4) (a)
Plan of care
s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

The licensee has failed to ensure that the Nurse Practitioner (NP) collaborated with the Registered Dietitian (RD) in the nutrition assessment of a resident, so that their assessments were integrated and were consistent with and complemented each other.

The NP completed a nutrition assessment for a resident and made the decision to discontinue one of the nutrition interventions. However, the assessment did not accurately reflect the resident's actual nutritional status. The RD confirmed that they should have been collaborated with prior to the decision to discontinue the resident's intervention.

Sources: Review of the resident's clinical notes, interviews with the NP and the RD.

[741672]

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (12)

Plan of care

s. 6 (12) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an explanation of the plan of care.

The licensee has failed to ensure that a resident's substitute decision-maker (SDM) was given an explanation of their plan of care when the resident had significant weight change.

A review of the resident's weight records indicated significant weight change over a certain period of time. However, the resident's SDM was not informed of this significant change in weight.

Sources: Review of a resident's clinical records, interviews with the RD and the resident's SDM.

[741672]

WRITTEN NOTIFICATION: Weight changes

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

Non-compliance with: O. Reg. 246/22, s. 75 2.

Weight changes

s. 75. Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

2. A change of 7.5 per cent of body weight, or more, over three months.

The licensee has failed to ensure that a resident was assessed using an interdisciplinary approach, and that actions were taken and outcomes were evaluated when they had significant weight change of more than 7.5 per cent of body weight over three months.

A review of the resident's weight records indicated significant weight change of more than 7.5 per cent of body weight over a three-month period. However, it was not identified on the resident's nutrition assessment. The RD confirmed that the electronic clinical records system, did not trigger an alert when the resident experienced significant weight change over a three-month period, and that they also did not recognize the significant weight change at the time.

Sources: Review of the resident's clinical records, interview with the RD and the DOC.

[741672]

WRITTEN NOTIFICATION: Menu planning

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

Non-compliance with: O. Reg. 246/22, s. 77 (4) (b)

Menu planning

s. 77 (4) The licensee shall ensure that each resident is offered a minimum of,

(b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and

The licensee has failed to ensure that each resident in the two home areas was offered a between-meal beverage in the morning.

Residents in two home areas were not offered between-meal beverages on two different mornings. Three Personal Support Workers (PSWs) confirmed they did not bring the beverage cart to the home areas and offer beverages to any of the residents.

Sources: Observations in two home areas, review of home's policy titled "Resident Food Services, Hydration", interviews with three PSWs.

[741672]

WRITTEN NOTIFICATION: Food production

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

Non-compliance with: O. Reg. 246/22, s. 78 (2) (f)

Food production

s. 78 (2) The food production system must, at a minimum, provide for,

(f) communication to residents and staff of any menu substitutions; and

The licensee has failed to ensure that breakfast menu substitution was communicated to residents and staff.

A food item was served at breakfast that differed from what was indicated on the breakfast menu. The menu substitution notice was not posted anywhere in the home area, and the staff member serving breakfast to residents were not aware of the substitution. The Food Service manager (FSM) confirmed that the menu substitution notice was the method used to communicate menu changes to residents and that it should have been posted in the home area.

Sources: Observation, breakfast menu, interview with the FSM.

[741672]

WRITTEN NOTIFICATION: Food production

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

Non-compliance with: O. Reg. 246/22, s. 78 (3) (a)

Food production

s. 78 (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,

(a) preserve taste, nutritive value, appearance and food quality; and

The licensee has failed to ensure that a food item in the food production system was prepared, stored, and served using methods to preserve taste, nutritive value, appearance and food quality.

During breakfast, a food item served to residents was undercooked and did not appear as it was supposed to. The FSM, and two Cooks all confirmed that the standardized recipe was not followed when cooking that food item. As a result, the taste, nutritional value, appearance, and overall food quality were not preserved.

Sources: Observation of breakfast, review of Standardized recipe, interviews with the FSM, and two Cooks.

[741672]

COMPLIANCE ORDER CO #001 Plan of care

NC #007 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)]:
1. Educate two PSWs, and the FSM on home's policy related to snack service. The education should be provided by member of the home's staff or management.
2. Conduct random audits twice per week, for a minimum of three weeks following the service of this order, of the two PSWs to ensure labled snacks are being served to the residents as per their plan of care.
3. Maintain a record of the aforementioned training, including the dates, staff names and designation, signed attendance, training topics, and name and title of the person(s) who provided the training.
4. Maintain a record of the aforementioned audits, including the dates and times of the audits, the name(s) of the auditor, the names and designation of staff audited, results of audits and any actions taken in response to the audit findings.

Grounds

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

A resident did not receive their morning labled snack. Upon checking the servery fridge, it was noted that the labeled AM and PM snacks for the resident were not available. The snacks had not been prepared in the kitchen or delivered to the unit. The FSM confirmed that the labeled snack was not prepared or delivered to the unit as outlined in the resident’s plan of care.

On another occasion, the resident again did not receive their labeled morning snack, despite it having been prepared and stored in the servery fridge. A PSW confirmed that the labeled morning snack was not served to the resident.

Another resident also did not receive their labeled morning snack, even though it had been prepared and stored in the servery fridge. A PSW confirmed that the labeled AM snack was not served to the resident.

Failure to follow the nutrition plan of care for the two residents on different home areas and on separate days may place the residents at risk of not meeting their nutritional needs and preferences, as the missed snacks were their preferred choices.

Sources: Observations of snack service on the two different home areas on separate days, review of two residents plan of care and home's policy titled "Resident Food Services, snack service", interview with the FSM, and two PSWs.

[741672]

This order must be complied with by August 6, 2025

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

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

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

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.