

**Ministry of Long-Term Care**

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

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

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

**Public Report****Report Issue Date:** November 13, 2025**Inspection Number:** 2025-1466-0002**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** Arirang Age-Friendly Community Centre**Long Term Care Home and City:** Arirang Korean Long Term Care, Toronto**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): November 6, 7, 10, 12, 2025  
The inspection occurred offsite on the following date(s): November 13, 2025

The following intake was inspected:

- Intake: #00161704 - Proactive Compliance Inspection

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

Medication Management  
Infection Prevention and Control  
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 (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.

- i) A resident required an intervention which was not documented in their written plan of

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care, and was acknowledged by a Registered Practical Nurse (RPN) and the Administrator.

**Sources:** Medication Administration Observation; a resident's clinical records, Care Profile Audit report; and interviews with a RPN and Administrator.

ii) Another resident required an intervention which was not documented in their written plan of care, and was acknowledged by a RPN and the Administrator.

**Sources:** Medication Administration Observation; a resident's clinical records, Care Profile Audit report; and interviews with a RPN and Administrator.

**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 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement, (b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

A Personal Support Worker (PSW) did not complete hand hygiene after removing their face mask. The PSW proceeded to apply a N95 mask, face-shield, and gloves without performing hand hygiene.

**Sources:** Observation, and IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023).

**WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM**

NC #003 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

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place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

A resident developed symptoms of infection and was not placed on isolation immediately, which was acknowledged by the IPAC Lead.

**Sources:** Review of a resident's clinical records and interview with the IPAC Lead.

**WRITTEN NOTIFICATION: REPORTS RE CRITICAL INCIDENTS**

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

**Non-compliance with: O. Reg. 246/22, s. 115 (1) 5.**

Reports re critical incidents

s. 115 (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (5): 5. An outbreak of a disease of public health significance or communicable disease as defined in the Health Protection and Promotion Act.

The home was in a confirmed disease outbreak and the Director was not informed until the next day.

**Sources:** Review of Critical Incident Report and Toronto Public Health Outbreak Letter.

**WRITTEN NOTIFICATION: DRUG DESTRUCTION AND DISPOSAL**

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

**Non-compliance with: O. Reg. 246/22, s. 148 (2) 2.**

Drug destruction and disposal

s. 148 (2) The drug destruction and disposal policy must also provide for the following:  
2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.

Controlled substances for disposal and destruction were not stored separately from controlled substances that were available for administration which was acknowledged by the registered staff.



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**Sources:** Surplus and Discontinued Medication Policy #8.4, dated March 2025, and interviews with registered staff.