

**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:** January 15, 2025

**Inspection Number:** 2025-1531-0001

**Inspection Type:**

Complaint  
Critical Incident  
Follow up

**Licensee:** City of Toronto

**Long Term Care Home and City:** Bendale Acres, Scarborough

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): January 7-10, 13-15, 2025

The following intake(s) were inspected:

- Intake: #00130866 – follow-up on a previously issued Compliance Order (CO) related to Infection Prevention and Control (IPAC)
- Intake: #00131003/Critical Incident (CI) #M504-000061-24 – related to a disease outbreak
- Intake: #00132606/CI #M504-000067-24 – unknown cause of injury
- Intake: #00131439/CI #M504-000065-24 – related to prevention of abuse and neglect
- Intake: #00133464/CI #M504-000069-24 – related to falls prevention and management
- Intake: #00133046 – a complaint related to withholding approval for admission

The following intake(s) were completed:

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- Intake: #00128807/CI #M504-000058-24; intake: #00131528/ CI# M504-000064-24 and intake: #00133326/CI #M504-000068-24 – related to falls prevention and management

## Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2024-1531-0005 related to O. Reg. 246/22, s. 102 (2) (b)

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

- Resident Care and Support Services
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Falls Prevention and Management
- Admission, Absences and Discharge

## 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 (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 licensee has failed to ensure that the care set out in a resident's plan of care

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was provided to them, as specified in their plan. The resident required continence care at specific times. On an occasion, a Personal Support Worker (PSW) was made aware that the resident required continence care but did not provide assistance with the care.

**Sources:** A resident's clinical records, interview with the resident and staff.

## WRITTEN NOTIFICATION: Licensee Consideration and Approval

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

**Non-compliance with: FLTCA, 2021, s. 51 (7) (b)**

Authorization for admission to a home

s. 51 (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 50 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,

(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or

The licensee failed to demonstrate that they lacked the nursing expertise to manage an applicant's care requirements. An applicant's approval for admission was withheld by the home because they claimed they did not have the nursing expertise to manage the applicant's responsive behaviours. The Behavioural Supports Ontario (BSO) Lead identified that the home had experience with the applicant's specific behaviours and would be able to manage their care requirements.

**Sources:** Interview with staff and an applicant's assessments and bed refusal letter, September 2024.

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## WRITTEN NOTIFICATION: Written Notice if Licensee Withholds Approval

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

**Non-compliance with: FLTCA, 2021, s. 51 (9) (d)**

Authorization for admission to a home

s. 51 (9) If the licensee withholds approval for admission, the licensee shall give to persons described in subsection (10) a written notice setting out,  
(d) contact information for the Director.

The licensee failed to ensure that the contact information for the Director was provided in the written notice withholding approval of admission to an applicant. The home's letter indicating the withholding of admission to the applicant did not contain the contact information to the Director.

**Sources:** Letter withholding approval of admission of an applicant and interview with the Administrator.

## WRITTEN NOTIFICATION: Infection prevention and control program

NC #004 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).

The licensee has failed to ensure that any standard or protocol issued by the

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Director with respect to infection prevention and control was implemented.

Additional Requirement 9.1 of the IPAC Standard for Long-Term Care Homes required Additional Precautions be followed in the IPAC program. Specifically, s. 9.1 (f) around the proper use of Personal Protective Equipment (PPE), including appropriate selection, application, removal, and disposal. On January 8, 2025, a laundry staff was observed to enter a resident room with additional precautions without donning the required PPE.

**Sources:** Observation, IPAC standard for Long-Term Care Homes (Revised September 2023) and interviews with staff.

## WRITTEN NOTIFICATION: CMOH and MOH

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

**Non-compliance with: O. Reg. 246/22, s. 272**

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The licensee has failed to ensure that all applicable directives or recommendations issued by the Chief Medical Officer of Health (CMOH) were followed by the home, in relation to alcohol-based hand rub (ABHR). Specifically, ABHR must not be expired as required by 3.1 IPAC Measures under Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, effective April 2024. On January 8, 2025, wall mounted ABHR in several resident rooms on the second and sixth floors were observed to have an expiration date of February 2024.

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**Sources:** Observation made on January 8, 2025 and interviews with the IPAC Manager.