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: March 31, 2025

Inspection Number: 2025-1595-0002

Inspection Type:
Complaint
Critical Incident

Licensee: City of Toronto

Long Term Care Home and City: Carefree Lodge, North York

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 20 - 21, 24 - 26, 2025

The following Critical Incident (CI) intakes were inspected:

- Intake: #00140833 - CI # M596-000002-25 - was related to a disease outbreak
- Intake: #00141287 - CI # M596-000003-25 - was related to the fall of a resident resulting in injury
- Intake: #00141885 - CI # M596-000006-25 - was related to safe and secure home

The following Complaint intakes were inspected:

- Intake: #00141422 - Complaint related to registered staffing levels in the home

The following intake was completed:

- Intake: #00141847 - CI # M596-000005-25 - was related to a disease outbreak

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

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

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty to comply with plan

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 the plan of care for a resident was provided to the resident as specified in the plan.

The resident had an intervention in place to manage a behavioural trigger. Additionally, the resident's plan of care specified that protective equipment was to be applied daily.

The resident had a fall and sustained a injury when a Personal Support Worker (PSW) was providing care to a co-resident. A Registered Practical Nurse (RPN) was present and acknowledged that the PSW did not provide the resident their behavioural intervention prior to the fall.

The resident was observed without the protective equipment applied. The RPN

acknowledged increased risk for injury if the resident were to sustain a fall without the equipment in place.

Sources: Observation; CI #M596-000003-25; resident's clinical records; and interview with staff.

WRITTEN NOTIFICATION: 24 Hour Nursing

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 11 (3)
Nursing and personal support services
s. 11 (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations.

The licensee has failed to ensure that at least one registered nurse (RN) was on duty and present in the home at all times.

No RN was on duty or present in the home during the overnight shift on March 2, 2025. A staff confirmed that no one was available to fill that shift.

Source: Home's documentation; and interview with staff.

WRITTEN NOTIFICATION: Doors in a home

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.
Doors in a home
s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure that all doors leading to non-residential areas were kept closed and locked when they were not being supervised by staff.

The door to a room with a sign for "Eye Wash Station" and "Caution Oxygen Storage" was observed open and unsupervised with five portable oxygen cylinders inside. No residents were nearby at the time. A staff acknowledged that the home failed to ensure the door was kept closed and locked at all times.

Source: Observation; and interview with staff.

WRITTEN NOTIFICATION: Plan of Care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 29 (3) 19.
Plan of care
s. 29 (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
19. Safety risks.

The licensee has failed to ensure that a resident's plan of care was based on an assessment of their safety risks, related to the resident's specific behaviour.

The resident had an incident which resulted in a injury. A PSW confirmed that the resident's safety risk was not included in their plan of care prior to the incident. A RN acknowledged that the safety risk should be included in the resident's plan of care to keep the resident safe.

Source: CI #M596-0000006-25; resident's clinical records; and interviews with staff.

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
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 Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 102 (2) (b) [FLTCA, 2021, s. 155 (1) (b)]:
The plan must include but is not limited to:

1. Develop a process to audit and monitor the Personal Protective Equipment (PPE) doffing practices for staff on an identified resident home area (RHA). The process should identify the individual or team that will oversee the audits and monitoring of the staff, and the frequency of these audits and monitoring.

2. Develop a process to provide education to caregivers visiting residents on additional precautions, on how to properly select and don their PPE. The process should identify the individual or team that will oversee the delivery of this education.

3. Develop a process to audit and monitor the selection and donning of PPE for visitors visiting a resident on additional precautions on the identified RHA. The process should identify the individual or team that will oversee the audits, and the

frequency of these audits.

4. Develop a process to ensure PPE supplies are available to staff and visitors in PPE caddies on each unit. The process should identify the individual or team what will oversee the development and implementation of this process.

5. Develop a process to audit PPE caddies to ensure they have the correct supplies. The process should identify the individual or team that will oversee the audits and the frequency of the audits.

6. Actions that would be taken by the home when noncompliance is observed with staff doffing their PPE.

Please submit the written plan for achieving compliance for inspection #2025-1595-0002 to the LTC Homes Inspector, MLTC, by email by April 14, 2025.
Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

i. Specifically, Additional Requirement 9.1 (f) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023) states, "at minimum, additional precautions shall include additional Personal Protective Equipment (PPE) requirements including appropriate selection, application, removal and disposal".

After exiting a room on additional precautions, a RPN and a PSW did not perform hand hygiene after doffing and disposing of their mask and before removing a new mask from the PPE caddy.

Additionally, two caregivers that were visiting two separate residents on droplet precautions were not wearing the required PPE when in the room - one was not wearing gloves, and the other was not wearing eye protection.

Failure to don the required PPE and to doff PPE appropriately created risk for the transmission of infectious agents.

Sources: Observations; home's policies; and interviews with staff.

ii. Specifically, section 6.2 states "the licensee shall make PPE available and accessible to essential visitors, appropriate to their purpose of visitation and level of risk in accordance with evidence-based practices.

A caregiver visiting a resident who was on additional precautions was not wearing a face shield, which the home used as protective eye wear. When asked why, the family member explained that shields were not available in the caddy, which was verified through observation.

Failure to ensure that PPE was available and accessible to essential visitors created risk for transmission of infectious agents.

Sources: Observations; and interviews with staff.

This order must be complied with by May 13, 2025

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 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

Notice of Administrative Monetary Penalty AMP #001
Related to Compliance Order CO #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $5500.00, to be paid within 30 days from the date of the invoice.
In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:

Compliance Order (CO) #001 issued on July 4, 2024 in inspection #2024-1595-0002.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.
Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP

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
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

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.