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
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Public Report

Report Issue Date: May 4, 2026

Inspection Number: 2026-1073-0002

Inspection Type:
Complaint
Critical Incident

Licensee: Kindera Living Care Centres LP by its general partners, Kindera Living Care Centres GP Inc. and Kindera Living Management Inc.

Long Term Care Home and City: Eatonville Care Centre, Etobicoke

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 23, 24, 27-30, 2026 and May 1, 4, 2026.

The following intakes were inspected in this Critical Incident (CI) Inspection:

Intake: #00173385 - [CI: #2468-000008-26] - related to a resident fall which led to an injury

Intake: #00171322 - [CI: #2468-000005-26] - related to a resident's unexpected death

The following Complaint intake(s) was inspected:

Intake: #00173072 - related to multiple care concerns of a resident.

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

Resident Care and Support Services
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 (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.

A resident did not have a medical intervention implemented as indicated in their care plan.

Sources: Resident care plan; and interviews with various staff members.

WRITTEN NOTIFICATION: Plan of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 1.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

A registered staff member responded to a resident incident, but did not document their initial assessments as required.

Sources: Resident progress notes, home investigation notes; and interviews with various staff members.

WRITTEN NOTIFICATION: Plan of Care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (10) (b)
Plan of care
s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary;

or

A resident required a reassessment by a registered staff member after an aspect of their care had changed, but a referral was not submitted.

Sources: Resident care plan; and interviews with various staff members.

WRITTEN NOTIFICATION: Pain Management

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 57 (1) 2.
Pain management
s. 57 (1) The pain management program must, at a minimum, provide for the following:
2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.

A resident was not provided pain medication when it was indicated on two occasions.

Sources: Resident progress notes, pain assessment, pain levels, Medication Administration Record (MAR), medication admin audit report, home's pain management policy; and interviews with various staff members.