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: May 12, 2026
Inspection Number: 2026-1359-0004
Inspection Type: Critical Incident
Licensee: 2063414 Investment LP, by its general partner, 2063414 Ontario Limited
Long Term Care Home and City: Weston Terrace Community, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 4 - 8, and 11 - 12, 2026

The following Critical Incident (CI) intakes were inspected:
- Intake: #00169683 / CI #2874-000005-26 was related to fall resulting in injury.
- Intake: #00175791 / CI #2874-000012-26 was related to unknown cause of injury.
- Intake: #00176145 / CI #2874-000013-26 was related to medication incident.
- Intake: #00177921 / CI #2874-000016-26 was related to allegations of abuse.

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

Resident Care and Support Services
Medication Management
Prevention of Abuse and Neglect

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) (c)
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,

(c) clear directions to staff and others who provide direct care to the resident; and

A Registered Nurse (RN) did not perform a specific test on a resident, when a resident exhibited signs of health issues, as there was no direction to retest in the resident's plan of care. Assistant Director of Care (ADOC) confirmed that the expectation for the indicated test was not documented anywhere.

Sources: Resident's clinical records, home's investigation notes, and interviews with the ADOC and RN.

WRITTEN NOTIFICATION: Plan of Care

NC #002 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

Personal Support Worker (PSW) and RN did not collaborate about the meal intake for a resident, which resulted in a medication incident.

Sources: Interviews with the PSW and RN, Home's investigation notes, Medication Incident Report.

WRITTEN NOTIFICATION: Plan Of Care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 29 (3) 5.
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:
5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.

A resident had responsive behaviours. Those behaviours were known to be triggered when the staff provided a certain type of care, but the triggers were not mentioned in the plan of care.

Sources: Review of the resident's clinical records; and interviews with the PSWs, Registered Practical Nurse (RPN), ADOC, RN and Behavioural Supports Ontario (BSO) Lead.

WRITTEN NOTIFICATION: Responsive Behaviours

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (1) 3.
Responsive behaviours
s. 58 (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:
3. Resident monitoring and internal reporting protocols.

A resident had responsive behaviours but there was no evidence of behaviour monitoring noted during a particular shift for a period of four months.

Sources: Care documentation for the resident; interviews with the RPN, RN, ADOC and BSO Lead.

WRITTEN NOTIFICATION: Responsive Behaviours

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(b) strategies are developed and implemented to respond to these behaviours, where possible; and

A resident had responsive behaviours. When the resident exhibited responsive behaviours, the strategies identified in the care plan were not implemented to manage the responsive behaviours.

Sources: Review of the resident's clinical records; and interviews with the PSWs, ADOC, RN and BSO Lead.

COMPLIANCE ORDER CO #001 Medication Management System

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)
Medication management system
s. 123 (3) The written policies and protocols must be,
(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
1a. Conduct a multidisciplinary root cause analysis of a resident's medication incident, identifying potential gaps and opportunities for improvement.

1b. Review the home’s Medical Directives and Pre-Printed Orders Policy, and Diabetes Management Policy in relation to the incident, and identify any recommendations or actions to prevent recurrence.

1c. Then, use all the above components of this analysis and the results in items 1a and 1b to create a case study.

2. Conduct an in-person review of the case study with all RPNs and RNs on the identified Home Area, including the nurse involved in this incident. This review should include actions taken by staff to prevent reoccurrence and any other recommendations.

3. Maintain records of the above sections, including a record of the root cause analysis and the results, meeting dates and participants of the analysis, the content of the case study, dates of the case study review, names of staff who provided the review, and the attending staff. Be sure to include full names and signatures.

4. Develop and implement an audit of the resident's identified medication administration in relation to confirmation of their meal intake, and to verify that registered staff are following the Diabetes Management Policy. The audit should be conducted at minimum, three times a day (when identified medication administration occurs around breakfast,

lunch, and dinner mealtimes) for a period of one week following the service of this order. Include an audit of an identified RN where possible, if scheduled to work with the resident during the period of this audit.

5. Maintain a record of the audits completed, including dates, shift times, audit time, the name of the person completing the audits, staff names being audited, resident's identified medication order/directions, observations made, audit findings, and content of on-the-spot education provided and/or other corrective actions taken where required.

Grounds

(1). The home’s Medical Directives and Pre-Printed Orders policy states that medical directives are to address commonly occurring, interventions, and include the use of pre-printed physician orders individualized by resident, completed on move-in, and signed by the attending physician or nurse practitioner.

A resident did not have a signed medical directive for the administration of a specific medication on admission for a period time. When the resident had a medication incident, there was no medical directive in place for the monitoring and treatment of the resident.

Sources: Home's Policy titled "Medical Directives & Pre-Printed Orders; interviews with the Executive Director (ED), and ADOC, review of resident's clinical records.

(2). The home's Diabetes Management policy directed staff to verify meal intake prior to implementing a specific treatment, however this was not followed and it resulted in a negative health effect to the resident.

Sources: Home's Policy, Interviews with the RN and ADOC, Education Modules on medication Safety, Home's investigation notes and staff human resource file.

This order must be complied with by June 23, 2026

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.