

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 30, 2026

Inspection Number: 2026-1531-0001

Inspection Type:

Complaint
Critical Incident

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 22, 23, 27-30, 2026

The inspection occurred offsite on the following date(s): January 26, 2026

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

-Intakes: #00159867 – CI #M504-000053-25, #00167464 -CI #M504-000003-26, and #00167275 -#M504-000002-26 – related to allegations of abuse

-Intake: #00165683 – CI #M504-000077-25 – related to the unexpected death of a resident

-Intake: #00165726 -CI #M504-000076-25 – related to an outbreak of infectious disease

-Intake: #00167544 – CI #M504-000004-26 – related to improper care of a resident

The following intake was inspected in this complaint inspection:

-Intake: #00168705 – related concerns of abuse

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

Resident Care and Support Services
Infection Prevention and Control
Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: Safe and Secure Home

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 5

Home to be safe, secure environment

s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

A resident who required assistance with an activity of daily living was injured during that activity

Sources: Review of a resident's clinical records, CI #M504-000004-26 and the home's Body Mechanics-Mobile Equipment Policy #HS-0311-06, last revised on December 1, 2017; Interviews with a Personal Support Worker (PSW), a Registered Practical Nurse (RPN) and a Nurse Manager (NM).

WRITTEN NOTIFICATION: Plan of care

NC #002 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 had a history of responsive behaviours when personal care was provided. The plan of care stated the staff were to follow specific instructions when providing such care. A PSW did not follow the plan of care and as a result the resident's behaviours escalated.

Sources: CI #M504-000003-26, the home's investigation notes, a resident's plan of care, and interviews with a NM and other staff.

WRITTEN NOTIFICATION: Falls prevention and management

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

Non-compliance with: O. Reg. 246/22, s. 54 (2)

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

According to the falls prevention policy, a Post-fall assessment needs to be completed on the same shift wherein the fall occurred. After a resident sustained a fall, an RPN did not complete the assessment.

Sources: Home's policy titled "Falls Prevention and Management", dated October 2025, a resident's assessments and interviews with an RPN and an NM.

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 (4) (c)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

A resident had experienced an onset of new responsive behaviours. An RPN stated that they did not inform the Behavioural Supports Ontario (BSO) Lead and as a result, there were no assessments completed for this new responsive behaviour and therefore no additional interventions were implemented.

Sources: Review of a resident's progress notes; Interviews with an RPN, a BSO Lead and other staff.

WRITTEN NOTIFICATION: Behaviours and altercations

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

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Non-compliance with: O. Reg. 246/22, s. 60 (a)

Behaviours and altercations

s. 60. Every licensee of a long-term care home shall ensure that,
(a) procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents; and

The home's policy titled, "Altercations and Potentially Harmful interactions between and among residents", indicates that following a responsive behavioural incident, staff were to complete a referral to the BSO Lead and initiate a Dementia Observation System (DOS) monitoring tool. After a RPN was told that a resident had an altercation with another resident, they did not complete these tasks.

Sources: Home's policy titled, "Altercations and Potentially Harmful interactions between and among residents", dated December 2024; Review of residents' clinical charts on PCC; Interview with a NM.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (8)

Infection prevention and control program

s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead. O. Reg. 246/22, s. 102 (8).

A) The home developed a mandatory masking policy in effect as of December 3, 2025, and that this was part of the home's Infection Prevention and Control (IPAC) program. Two Registered Nurses (RNs) and a PSW were observed to be in close contact with residents and their mask was not covering their nose.

Sources: Observations, interviews with the IPAC Manager and other staff and the home's mandatory masking memo and Safe Mask Handling post.

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B) On another day, a PSW was observed without a mask when they were going to provide care to a resident.

Sources: Observation and an interview with the IPAC Manager.

WRITTEN NOTIFICATION: Retraining

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 260 (3) (a)

Retraining

s. 260 (3) For the purposes of subsection 82 (6) of the Act,

(a) the assessments required by paragraph 1 of that subsection shall be conducted at least annually; and

The Administrator confirmed that they were unable to demonstrate that five staff members received training on the home's code blue emergency policy and procedures in 2025.

Sources: Email communication with the Administrator and interviews with staff.

WRITTEN NOTIFICATION: Emergency plans

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 268 (4) 1. vi.

Emergency plans

s. 268 (4) The licensee shall ensure that the emergency plans provide for the following:

1. Dealing with emergencies, including, without being limited to,
vi. medical emergencies,

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for dealing with medical emergencies as part of the home's emergency plans were complied with.

Specifically, the home's medical emergency policy indicates that staff would initiate a code blue in the event of a significant medical incident. A resident experienced a significant medical emergency. A Manager stated that a code blue was not called in this incident.

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Sources: Home's policy titled, "Cardiopulmonary Arrest / Medical Emergency - CODE BLUE", dated June 2025; Interviews with a Manager and other staff; a resident's progress notes.

COMPLIANCE ORDER CO #001 Duty to protect

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

Develop an in-depth analysis of the home's actions or inactions that may have contributed to a resident's risk of receiving abuse from others.

This analysis should include:

- What action the home took
- Identify gaps in the home's management of the resident's condition
- Identify opportunities to mitigate risk of similar incidents

A record of this analysis must be kept and provided to the inspector upon request.

Grounds

Section 2 of Ontario Regulation 246/22 defines physical abuse as "the use of physical force by anyone other than a resident that causes physical injury or pain."

A) A resident had an incident with another resident. A visitor became involved which resulted in one of the resident's having a fall.

Failing to protect the resident resulted in injury and pain.

Sources: CI #M504-000002-26 and interviews with a NM and other staff.

B) A resident complained that they were treated roughly by a PSW. The resident complained of pain but there were no injuries.

Failing to protect the resident resulted in pain.

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Sources: The home's investigation notes, a resident's progress notes and interviews with a NM and other staff.

This order must be complied with by March 11, 2026

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
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:

WN issued November 25, 2025, inspection # 2025-1531-0007
WN issued March 4, 2025, in inspection # 2025-1531-0002
Compliance Order issued May 11, 2023, in inspection # 2023-1531-0001

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.

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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

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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
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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.