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

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| **Report Issue Date:** October 10, 2025 |
| **Inspection Number:** 2025-1359-0006 |
| **Inspection Type:**<br>Complaint<br>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 dates: October 2, 3, 6-8, and 10, 2025
The inspection occurred offsite on the following date: October 9, 2025.

The following intake was inspected in this complaint inspection:
-Intake: #00155742 was related to housekeeping and maintenance services

The following intakes were inspected in this Critical Incident System (CIS) inspection:
-Intake: #00154003 (CIS #2874-000042-25) was related to Infection Prevention and Control (IPAC).
-Intakes: #00155717 (CIS #2874-000044-25), #00156248 (CIS #2874-000046-25) and #00157469 (CIS #2874-000050-25) were related to falls prevention and management.

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

Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
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 (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;

The licensee has failed to ensure that the written plan of care for a resident provided clear direction to staff and others who provided direct care to the resident when the resident's written plan of care indicated two differing instructions for staff to follow related to a specific intervention.

**Sources:** Resident's clinical records; and interview with Director of Care (DOC).

## 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) (b)**
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,
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

The licensee has failed to ensure that the staff and others involved in the different aspects of a resident's care collaborated with each other in the implementation of the plan of care related to fall prevention and management. The Physiotherapist (PT) recommended the use of a specific fall intervention following two fall incidents, however, the intervention was not implemented.

**Sources:** Resident's clinical records; interviews with PT and Registered Nurse (RN).

## WRITTEN NOTIFICATION: Plan of care

NC #003 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 care set out in the care plan was provided to a resident as specified in their plan.

A resident's care plan indicated that staff were to implement a specific fall intervention for the resident when they were up during the day/evening. However, on an specified date, the specific fall intervention was not implemented by staff after providing care to the resident.

**Sources:** Resident's clinical records, home's investigation notes, interviews with Personal Support Worker (PSW), and Registered Practical Nurse (RPN).

## WRITTEN NOTIFICATION: Plan of Care

NC #004 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;

The licensee has failed to ensure that a resident's plan of care was revised when the care set out in the plan of care was no longer necessary.

After a fall incident, a resident's care plan was changed to require a specific level of assistance for locomotion. The resident was assessed by the PT at a later date who recommended different level of staff assistance for locomotion, however the care plan was not updated to reflect this change.

**Sources:** Resident's clinical records; and interviews with RPN, RN and DOC.

## WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: FLTCA, 2021, s. 23 (2) (e)**
Infection prevention and control program
s. 23 (2) The infection prevention and control program must include,
(e) a hand hygiene program; and

The licensee has failed to comply with the hand hygiene program which is a component of the home's Infection Prevention and Control Program.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee was required to ensure that the IPAC program included a hand hygiene program and must be complied with.

Specifically, staff did not comply with the home's hand hygiene policy when residents were provided hand hygiene with a product not intended for disinfecting hands.

**Sources**: Observation; review of the home's Hand Hygiene Policy; and interviews with PSW and IPAC lead.