Ontario

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Central East District
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Public Report

Report Issue Date: September 15, 2025
Inspection Number: 2025-1428-0004
Inspection Type: Complaint
Licensee: Mon Sheong Foundation
Long Term Care Home and City: Mon Sheong Scarborough Long Term Care Centre, Scarborough

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 5, 8 to 12, and 15, 2025

The following intake(s) were inspected:
- One intake related to a complaint regarding improper care of a resident

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

Resident Care and Support Services
Medication Management
Residents' Rights and Choices

INSPECTION RESULTS

WRITTEN NOTIFICATION: RESIDENTS' BILL OF RIGHTS

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 3 (1) 6.
Residents' Bill of Rights
s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
6. Every resident has the right to communicate in confidence, receive visitors of their

choice and consult in private with any person without interference.

The licensee has failed to ensure that the following rights of a resident were fully respected and promoted, specifically their right to communicate in confidence, receive visitors of their choice and consult in private with any person without interference.

A complaint was received by the Director indicating that restrictions had been implemented upon a resident's visitor. Review of documentation outlined the parameters of restrictions implemented for visits of a specific individual. Clinical records for the resident indicated that they were not consulted or notified of the visitation restrictions. The home's visitor policy indicated that visits welcoming visitors was intended to support the mental and emotional well-being of residents, that all residents must be given equitable access to receive visitors, consistent with their preferences and they had the right to choose their visitors. During an interview, the resident expressed they would like to visit with the individual outside of the restrictions indicated in the documentation. Both the Director of Resident Care (DORC) and the Administrator, confirmed that there was insufficient documentation to confirm the resident was consulted with and notified with regards of the restrictions on the visitor identified.

Sources: A resident's clinical records, the Home's Visitor Policy, documents provided by the LTCH, and interviews with the DORC and Administrator.

WRITTEN NOTIFICATION: PLAN OF CARE

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (2)
Plan of care
s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

The licensee has failed to ensure that the care set out in the plan of care is based on an assessment of the resident.

A complaint was received by the Director indicating that restrictions had been implemented upon a resident's visitor. Review of documents provided to the visitor indicated that they were no longer allowed to provide direct care to the resident. The resident's care plan indicated they required specific assistance with several aspects of

their activities of daily living. Additional records indicated the resident was to be provided with assistance in various aspects of care by licensed staff of the Home, and a visitor related to the same activities of daily living. The DORC confirmed that the care plan was not set out based on the most current clinical assessment of the resident.

Sources: A resident's clinical records, LTCH records and documents, and interviews with the DORC and Administrator.

WRITTEN NOTIFICATION: ADMINISTRATION OF DRUGS

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 140 (3) (b) (i)
Administration of drugs
s. 140 (3) Subject to subsections (4) and (6), the licensee shall ensure that no person administers a drug to a resident in the home unless,
(b) where the administration does not involve the performance of a controlled act under subsection 27 (2) of the Regulated Health Professions Act, 1991, the person is,
(i) a member of a regulated health profession and is acting within their scope of practice,

The licensee has failed to ensure that no person administers a drug to a resident in the home unless the person is a member of a regulated health profession and is acting within their scope of practice.

A complaint was received by the Director related to a resident. The resident's clinical records indicated that their prescribed medication was being administered by someone other than the registered staff of the Home. The Home's medication administration policy indicated that nurses are responsible to administer medications according to their provincial College regulations. Both the DORC and Administration confirmed that the medication was being administered by someone other than the Home's registered staff and this was not supported by best practice or the Home's policy.

Sources: A resident's clinical records, Policy & Procedures: Manual for Medisystem Serviced Homes, and interviews with the DORC and Administrator.