2025 Report on Long-Term Care Home Inspections

June 2026

Executive Summary

This report summarizes the issues and non-compliances identified in our review of Ontario's 2025 provincial inspection reports from the seven inspection districts; these issues are presented in the body of this report.

The **number of inspections in Ontario increased** from 2024 to 2025, especially for Critical Incident System, and Follow-up inspections, but not for Proactive Compliance inspections (PCIs). **Fewer than 50% of Ontario LTCHs received a proactive compliance inspection** during the year.

In general, there has been an increase in **findings of non-compliance** in recent years. It is hard to know if an overall increase in non-compliances means better oversight of LTC homes, or worse performance by the homes.

Based on our review of the 2025 inspection reports, to improve the quality of care in Ontario's long-term care homes we make the following recommendations for consideration by the LTC Inspection Branch and the Ministry of Long-Term Care.

1. **Comprehensive Annual Proactive Compliance Inspections** for every Long-term Care home should be a priority to assure the public of adequate oversight of LTC homes. The PCI should be comprehensive using all the protocols for the 8 key areas. These should be in addition to any "targeted" PCI or one issue initiatives by the Inspections Branch or the Ministry.

   We recommend:

   - A PCI should be conducted at each home on a yearly basis, as the Ministry had assured the public was their goal.

2. **Abuse by staff, Neglect by staff, IPAC and Safety** are critical areas impacting the well-being of residents. Unfortunately, these are longstanding areas needing improvement. Special strategies and resources need to be implemented by the Ministry and LTC Homes.

   We recommend:

   - The creation of a regulatory body for Personal Support Workers (PSWs). This could prevent, for example, a PSW who is fired from a home for abuse or neglect of a resident being hired (unknowingly) by another home. We know that many residents and their significant others do not complain to the Ministry of Long-Term Care, perhaps because of fear of reprisals for their loved one. A regulatory body would provide an additional avenue for complaints, and for the body to sanction and educate their members.

- All personal care providers be prepared for practice as per recommendations by the Ontario Personal Support Workers Association; there are a variety of care providers, and not all have as much preparation as PSWs.

3. **Nursing Care, Care Plans and Medication Issues** are central to resident care. We continue to review Written Notices (WNs) about pain not being assessed or managed, skin care breakdown not being monitored, and residents not being assessed after a fall as per the home's policies. We also continue to review reports where the care plan was not followed or was not updated after a change in patient status or transfer from another setting. There is a low ratio of registered nurses and registered practical nurses to PSWs, and these nurses have a high load of tasks and procedures to perform, such as medication administration, suctioning, dressing changes, and so on.

   We recommend:

   - A role be created in each long-term care home for a registered nurse, who ideally has specialized education in the care of older adults and/or long term care, to round daily on residents and monitor their status and their care. Registered nurses are the nursing personnel who have the expertise and mandate to access and plan for care when a patient's health status changes. It is erroneous to operate on the assumption that residents in long term care do not have changes in their health status and that they do not require ongoing oversight of their care by a registered nurse.
   - Long term care be integrated into the health care system. This would facilitate coordinated transfer between long term care and acute care services, including communication and continuing education of nurses in both settings.

4. **Responsive Behaviours** reflect the increasing rate of dementias, mental health challenges and challenging behaviours of people referred to long-term care homes. Sexual and physical assaults of residents by residents with dementia continue.

   We recommend:

   - The government and the Ministry of Long-Term Care increase the supports provided to homes for working with persons with dementia, particularly beyond the dense urban areas.
   - The creation of same-gender units for at least some patients with dementia to reduce the incidence of sexual and physical assaults.
   - All staff be provided with more education about how to prevent and manage responsive behaviours, and the care of persons with responsive behaviours.

5. **Variation among Inspections Districts**. How does the Ministry explain unusual patterns of non-compliance among districts? For example, the Central East district continues to accumulate a disproportionate number of non-compliances.

   We recommend:

   - The Inspection Branch and the Ministry of Long-Term Care should account for these differences among districts and inform the public how they respond to these differences beyond the identification and follow-up of non-compliances.

6. **Relationship of Inspection Program with Quality Improvement**. The oversight of long-term care homes relies heavily on the inspection process. What is the evidence that the inspection process of identifying non-compliances with ministry protocols ultimately leads to improving the quality of resident care? Are there additional quality improvement programs that would improve care and provide residents, their significant others, and the public with confidence in Ontario's long-term care homes?

   We recommend:

   - The Ministry of Long-Term Care inform the public how they review their inspection results, how they follow up with identified areas of concern, and how they relate this to quality improvement programs.

2025 Report on Long-Term Care Home Inspections

Background

This report summarizes the issues and non-compliances identified in our review of Ontario's 2025 provincial inspection reports from the seven inspection districts. Our findings are tabulated for each district by a member of the Concerned Friends Review Team and then combined to provide a provincial perspective. The results help the Concerned Friends Board identify issues and are provided to the Ministry of Long-term Care as feedback on how each sector and the inspections process are functioning.

There are different kinds of inspections conducted by the Ministry: Critical Incident System, Complaint, Proactive Compliance, Follow-up of compliance orders, and "Other." There are seven inspection districts: London, Central West, Hamilton, Toronto, Central East, Ottawa and North/Sudbury. The number of long-term care homes (LTCHs) in a district range from 77 to 100.

Overall Observations

The **number of inspections in Ontario increased** from 2024 to 2025, especially for Critical Incident System, and Follow-up inspections, but not for Proactive Compliance inspections (PCIs). **Fewer than 50% of Ontario LTCHs received a proactive compliance inspection** during the year.

PCIs were intended to be comprehensive covering 8 key areas and using up 13 or 14 "protocols." Surprisingly, in 2026, the number of PCIs did not increase. Even more significant, the number of protocols used was reduced at times to three or less. This means that some significant areas of care and operations were not inspected in the PCI.

Follow-up inspection was done for most compliance orders (these check whether the home was now in compliance with the particular regulation) and within a reasonable short time frame after the due date.

The **number of compliance orders in 2025 has decreased** from 2024 by 11%, but particularly in the Central East District where the decrease was 45%. But in 2025 Central East District still accumulated twice the number of compliance orders compared to most of the other districts. The number of compliance orders related t**o Infection control has decreased** by 42% since 2024.The number of compliance orders related to **management of responsive behaviours**, while fewer in number, has **increased** by 79% since 2024 (actual number was 59 in 2025 compared to 34 in 2024). Sadly, compliance orders related to **abuse and neglect** by staff, while rarer, have **remained at the same level** as in 2024.

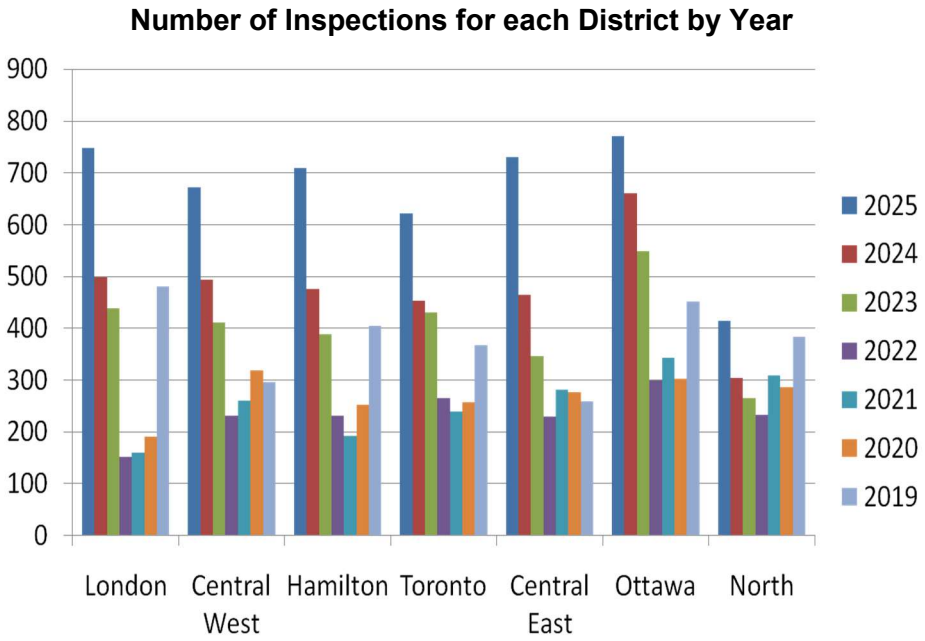
Administrative monetary penalties (AMPs) are continuing to be applied and show a small increase in number.

It is difficult to state with any certainty whether the decrease in compliance orders, or the increase in the number of inspections, reflects improved compliance to protocols; or whether a narrower focus of inspections is simply not identifying areas of non-compliance.

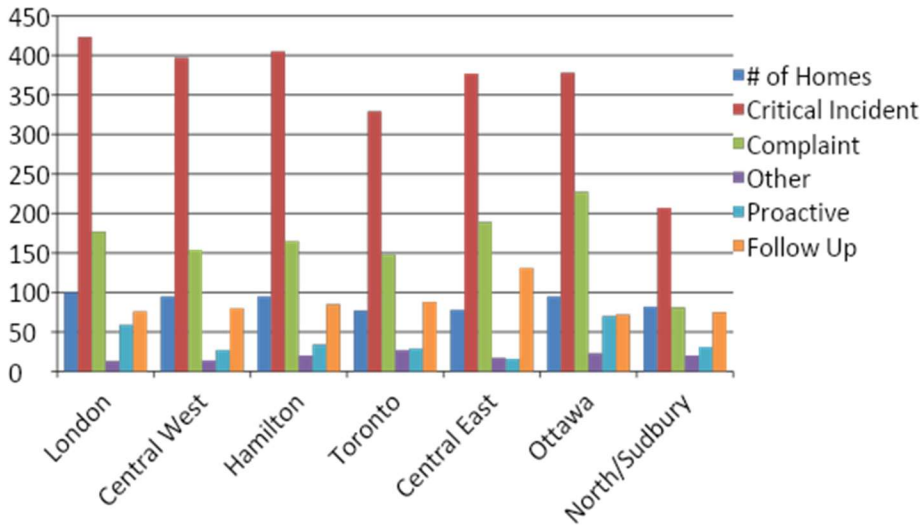
Number and Types of Inspections

The number of 2025 inspections (all types) has increased by about 28% over 2024. The largest increase in the number of inspections was from 2022 to 2023, and the number is now above pre-pandemic levels. In all districts, inspections increased by 26 to 36% except in Ottawa (14%), which already had the highest number in 2024.

The number of total inspections by district shows some variation; the North still has the lowest number (440), possibly due to travel distances for inspectors, but still has an increase from 305 in 2024. All other Districts show between 621 (Toronto with 77 homes) and 770 inspections (Ottawa with 95 homes). Inspection counts roughly correspond to numbers of long-term care homes in the districts.



Types of Inspection in 2025 by District

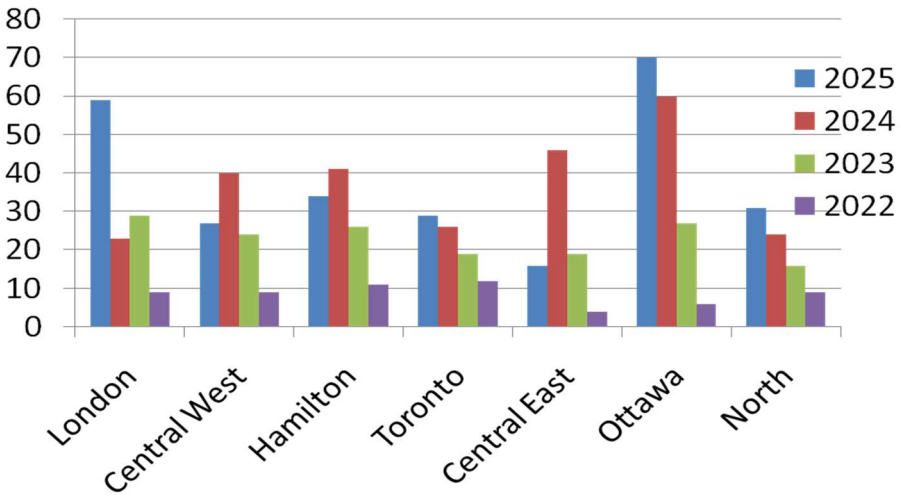


Focus on Proactive Compliance Inspections (PCIs)

As with all inspections (see above), there is significant variation in the number of PCIs conducted across Districts. Some Districts increased (double for London), and some decreased (half for Central West). Central East, with 78 homes, did only 16 PCIs in 2024, whereas Ottawa, with 90 homes, did 70 PCIs.

Overall, the number of PCIs completed is almost the same as in 2024 (266 vs 260), but still far short of the goal of an annual PCI for each LTC home. The Inspections Branch has, several times, revised its goal of completing an annual PCI for every home, They have also reduced the number of areas inspected for some PCIs.

PCIs completed in each District 2022 to 2025



What has happened to the PCI Program?

The Proactive Compliance Program was introduced, with great fanfare in 2021, in order to address “recommendations from the Auditor General, the Long-Term Care Commission, and feedback from the long-term care sector associations, family councils and residents’ councils,” and as a “plan to improve oversight of the long-term care sector and to improve resident quality of life and safety.” https://news.ontario.ca/en/release/1001041/ontario-launching-new-and-improved-inspections-pr

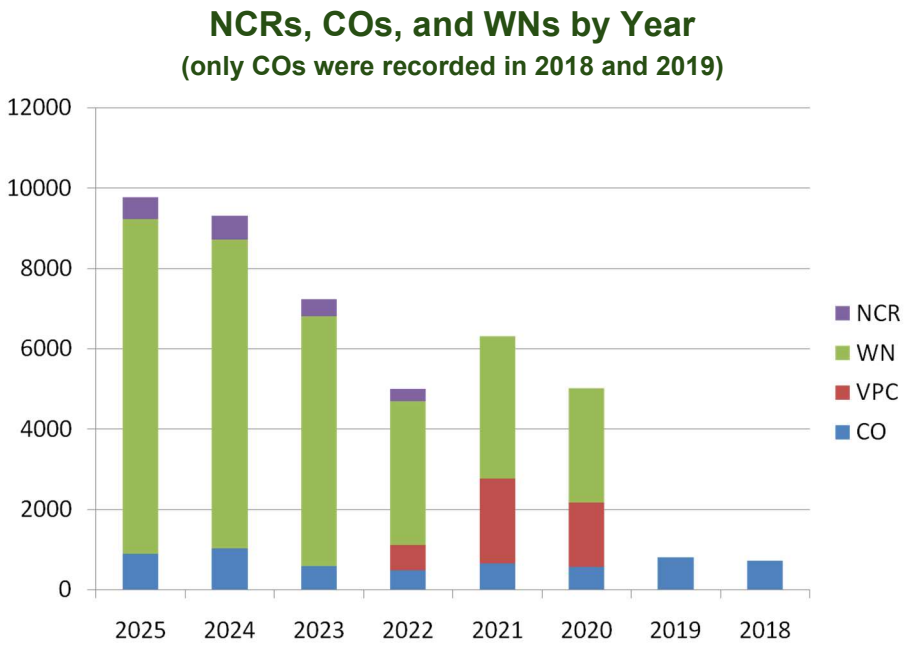
The 2021 MLTC webinar presented a program with 8 key areas of focus and 13 protocols to inspect.
https://ltchomes.net/LTCHPORTAL/Content/Snippets/Proactive%20Compliance%20Inspections%20-%20Sector%20Webinar%20Draft%20Oct%2026,%202021.pdf

Since October 2025, we have noted a dramatic change in how Proactive Compliance inspections are conducted. Until the fall of 2025, PCI inspectors almost always used 12 or 13 protocols; each protocol focuses on a different area of compliance and resident care. In fall 2025, PCI reports started appearing with only two or three protocols listed. Even more puzzling, early in 2026 many PCIs focus on one area using only one protocol, either Infection Protection and Control, or Safe and Secure Home (which often included on the report that it was for the “generator initiative”). In the past, inspections related to special Ministry initiatives (e.g. the “generator initiative” would probably have been titled “Other” and not as a PCI. By not focusing yearly on all 8 areas of operations, the Ministry and the public cannot be sure a PCI is effectively providing oversight of LTC homes. **Does this reflect a lack of sufficient resources for inspections or a shift in policy?**

Enforcement Response to Non-Compliance

In response to non-compliance with the Regulation, an inspector now issues one of the following: a Non-Compliance Remedied, a Written Notification or a Compliance Order. Non-Compliance Remedied was introduced in 2022, and Voluntary Plan of Correction was phased out. (Full explanations are available in the Appendix).

In general, there has been an increase in findings of non-compliance in recent years. It is hard to know if an overall increase in non-compliances means better oversight of LTC homes, or worse performance by the homes. We do know that fewer inspections in 2020 during the pandemic led to fewer findings. And during 2022 and 2023 the Inspections Branch was hiring and training many new inspectors.



From 2024 to 2025, Compliance Orders for the seven Districts together decreased by 11%, but for the Central East District decreased by 46%.

But Central East District still had the highest number (210) of COs by far in 2025; this district has twice as many compliance orders for 2025 as almost any other district, and three times as many in 2024. Concerned Friends has raised this finding with the Ministry, asking for their understanding of why this district is such an outlier. Are there actually more non-compliances in this district? Are the inspections being carried out with different interpretations of criteria? Or is the training of inspectors or of LTCH staff different enough to explain this finding? To date, no satisfactory explanation has been provided.

The number of **non-compliance remedied (NCR)** and **written notifications (WNs)** for all districts remains at about the same level from 2024 to 2025, except for North District where WNs have increased by 41%.

Director's Orders (See Appendix for explanation of a director's order)
Director's Orders are rare but in 2025 we found seven Director's Orders, two related to skin and wound care, three related to management of responsive behaviours, and one related to infection prevention and control. It should be noted that skin and wound care, and management of responsive behaviours were also the subject of Director's Orders in 2024. In addition, for 2025 there was one Director's Order related to laundry and linen (which possibly could fall under infection prevention and control). Finally, there was one Director's Order requiring external management. In the last case the Director had "reasonable grounds to believe that the licensee cannot or will not properly manage the home or cannot do so without assistance." The

same home had a “cease admissions” order in place from May 2024 until it was lifted in January 2026.

Administrative Monetary Penalties (AMPs or Fines)

Inspectors first started issuing AMPs in 2022. In 2025 there were 223 AMPs totaling $768,100. A significant increase in the number of AMPs occurred from 2023 to 2024 (59%) and in the total dollar amount of AMPs (32%).

The most common fine is $1,100 for the first time that a repeat compliance order has been issued within 2 years for the same non-compliance. A $500 fine is levied when a second follow-up inspection is needed to ascertain whether the home has achieved compliance.

Follow-up on Compliance Orders (COs)

In 2025 the Inspections Branch maintained the high level of follow-up achieved in 2024 and 2023. This is a marked improvement from the past, when follow-up seemed to be irregular, or unrecorded.

In 2025 there were 45 COs (out of 890 total) where we could not find confirmation of a follow-up several months after it was due. In these cases there is no confirmation that the home achieved compliance. A high level of follow-up is critical to ensure accountability and continuous improvement in long-term care homes.

Problem Areas of Non-Compliance

The problem categories, as defined by Concerned Friends, differ somewhat from the regulations quoted by the inspectors. We use unique categories of problems, developed by Concerned Friends, over many years, to further consistency among CF Reviewers and to focus attention on areas we believe are of priority.

The number of COs for infection prevention and control (IPAC) has decreased by 42% from 2024, when the number of compliance orders had been higher than ever before. Central East shows the largest number of IPAC COs, but all but one inspection districts showed two to four times the number of compliance orders for this category, compared to 2023. We do know that the Ministry and the Inspections Branch focused particularly on infection prevention and control following the pandemic. We hope that the intense focus on IPAC in 2024 did produce the improvement seen in 2025.

The number of COs for Other Safety Issues has decreased in 2025 from 2024 by 19%, for Resident Rights by 35%, for Care Plan by 21%, for Dietary by 14%, and for Facility Management by 15%.

In contrast, COs for management of Responsive Behaviours **increased** by 74% in 2025 from 2024; it is also worth noting that there were also two Director's Orders in 2025 related to management of Responsive Behaviours.

COs for Medication Issues also increased by 25% in 2025 from 2024, and for Nursing and Personal Care by 8%.

Abuse and Neglect by Staff: 2024 was the first year that we separated abuse by staff from neglect by staff; we recorded double the number of non-compliances for abuse by staff and neglect by staff in 2024 compared with 2023, and this remained essentially the same in 2025.

How can we explain the increase in reports of abuse and neglect? It is not possible to know if the increase over the last couple of years reflects an increase in the actual incidence of abuse or if it is a result of changes in reporting practices and protocols. It is probable that neglect by staff was previously categorized under nursing care.

How can we interpret the data on abuse and neglect? There is some uncertainty about how to interpret non-compliances related to abuse and neglect. Was there a complaint and it was substantiated? Or was there a complaint that was not confirmed but the related policy/procedures in the home were not up to standard? There may also be uncertainty related to how alleged neglect or abuse may be categorized, for example, it may have been categorized as "failure to protect" or "failure to report" an alleged incident.

Limitations: Due to the (increasingly) limited level of detail available in inspection reports, the data presented here may not accurately reflect the intent of a written notification or compliance order. There is also the potential for differences in categorizing among reviewers. Therefore, our conclusion and interpretation of the data is limited by several factors. Without full discussion with the Ministry, it is not possible to know if some of the findings reflect differences in compliance to protocols or differences in the breadth and focus of inspections.

Recommendations

What does this review of inspection reports tell us?

The following issues and recommendations are highlighted for consideration by the LTC Inspection Branch and the Ministry of Long-Term Care. The recommendations also form the basis for Concerned Friends ongoing advocacy efforts.

1. **Comprehensive Annual Proactive Compliance Inspections** for every long-term care home should be a priority to assure the public of adequate oversight of LTC homes. The PCI should be comprehensive using all the protocols for the 8 key areas. These should be in addition to any "targeted" PCI or one issue initiatives by the Inspections Branch or the Ministry.

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APPENDIX – Definitions

Non-Compliance Remedied (NCR) When a non-compliance is identified as having no impact and no or low risk to residents, it may be considered "remedied" by the inspector with no further actions issued if the long-term care home demonstrates that they have remedied the noncompliance during an inspection, and the inspector is satisfied that the long-term care home is now in compliance.

A **Written Notification** may be issued when non-compliance is identified as low impact or risk to a resident. A written notification (WN) identifies the legislative reference and findings/reason the home was found non-compliant. The home is not required to take any specific action.

A **Compliance Order** (CO) is issued when non-compliance is identified as having significant impact or posing a risk to a single resident's health, safety or quality of life, or moderate impact or risk to multiple residents. The inspector orders a long-term care home licensee to do something, or refrain from doing something, to achieve compliance with a requirement under the Act. A licensee is usually also required to prepare, submit and implement a plan for achieving compliance with a requirement under the Act. The inspector includes a deadline by which the home is to achieve compliance.

Director's Orders: An inspector may make a Referral to the Director (of the Inspections Branch) in cases of repeat non-compliance or inability to achieve compliance. The involvement of "The Director" may result in further enforcement such as a Director's Order, an Order Requiring Management, or Cease Admissions. A home may also make a referral to "The Director to dispute a finding.

Voluntary Plan of Action (VPC) – the home was requested to voluntarily prepare a written plan of correction for achieving compliance with the specific section of the Act (VPC was phased out in 2022).