Before the COVID-19 pandemic hit, Reed Zhao visited his grandmother, Ping Qiu, every week in her room at Tendercare Living Centre, a long-term-care home in Scarborough.

During these visits, Zhao said, he saw things that left him with the impression that resident care was lacking in some areas. He and his father, who also visited the home regularly, ended up bringing a case of diapers and leaving it in his grandmother’s room because the home didn’t supply enough, he said.

When his grandmother’s room was mopped, Zhao said, staff pushed the dirt to the side of the room instead of completely wiping it away. Zhao said his father had to bring a vacuum cleaner every week to pick up what the cleaners missed.

Occasionally they would find “bugs and ants” in Qiu’s room, he said.

“The care is not that good,” said Zhao, adding that he believes the home did not have enough personal support workers to look after all the residents. “We always knew that Tendercare is understaffed when things were good.”

Reed Zhao’s grandmother, Ping Qiu, died in January after contracting COVID-19 as a resident of Tendercare Living Centre in Scarborough. Ping Qiu was a resident of Tendercare Living Centre in Scarborough. After contracting COVID-19 at the home, she died Jan. 3, at age 96.

In early December, a COVID-19 outbreak was declared at Tendercare and the home has since seen the most number of resident deaths from the virus — 81 — of any long-term-care facility in Ontario. Ping Qiu was among the residents who succumbed. She was 96.

Zhao said given his observations while visiting his grandmother, he was not surprised to learn the home has a checkered past when it comes to complying with provincial legislation designed to protect residents.

A Star analysis of government inspection reports for Tendercare from the last four years found that the home was cited by Ministry of Long-Term Care inspectors 43 times for failing to comply with provincial rules. These compliance failures, between February 2017 and December 2020, included ineffective infection and prevention measures, the “rough handling” of a resident by a personal support worker and a lack of a
skin assessment on a resident whose skin “turned black.”

During that time, inspectors also ordered the home to comply with the rules 10 times and asked it to come up with 21 “voluntary plans of correction.” Twice during this period, problems were escalated to the director of the inspections branch, a rare measure used when serious compliance issues are found.

In a joint statement from Tendercare and Extendicare, the company that manages the home, the two organizations said the health and safety of the people it cares for “is our first priority” and that it strives “to provide a safe and secure living space where residents feel supported and connected.”

“The ministry’s inspection process plays an important role in the long-term care sector. Both Tendercare and Extendicare take this process very seriously and are glad to co-operate fully with each stage,” said the statement, noting that Tendercare posts inspection reports in the home, and is supporting renewed resident and family council meetings where the team is raising these reports for discussion and awareness.

“We take swift action to rectify issues raised in ministry inspection reports. Progressive discipline is used for instances of non-compliance and, where appropriate, corrective action is taken up to and including termination.”

An Extendicare spokesperson noted that all the items identified in the ministry inspection reports were responded to with “plans of action.”

In response to Zhao’s observations on the cleanliness of the facility, Tendercare and Extendicare told the Star the home has daily cleaning routines that “were enhanced during the outbreak.”

“Rooms are swept and mopped daily and periodically have a more extensive cleaning that involves moving and washing beds, curtains and all furniture surfaces,” the companies said in an email.

As for Zhao’s allegation that the home did not have enough diapers, the companies said that each resident has an individualized care plan, including toileting, determined by a registered nurse assessment.

“Tendercare keeps an ample supply of incontinence products and other personal hygiene products, however families are welcome to supply a preferred product or brand for use by the home’s care team,” the companies said.

During the most recent inspection, on Dec. 16, 2020, Tendercare was already in the midst of an outbreak. Inspectors found that the home failed to ensure staff took part in the implementation of infection prevention and control (IPAC) measures. Many resident rooms and areas did not have personal protective equipment caddies for staff to don PPE, while some caddies only had one size of glove for staff. Inspectors noted that a registered nurse assessing residents was seen leaving one resident’s room and going into another’s without changing their gown. By this time, seven residents had already died of COVID-19.

The home was ordered to ensure all staff adhered to proper IPAC practices, provide on-the-spot education and training to staff not adhering to appropriate IPAC measures, and make sure PPE caddies are fully stocked.

After this inspection, another 74 residents died of COVID-19. The home’s outbreak was declared over on Feb. 2.

In October 2020, inspectors performing a “critical incident inspection” cited the home for failing to ensure it was a safe environment after a resident who used a walker had an “unwitnessed fall.” The resident was taken to hospital with an unspecified injury and later died. The inspection report says the home’s investigation revealed that a contributing factor was the fact that a fall-prevention device used by the deceased resident’s roommate had been left on the floor.

In response, inspectors asked Tendercare to come up with a voluntary plan of correction, a measure considered by many seniors’ advocates to be the least effective sanction in an inspector’s toolkit. In this case, the inspectors asked the home to come up with a plan “for achieving compliance to ensure the home is a safe and secure environment for its residents, to be implemented voluntarily.”

That same inspection found that the home “failed to protect a resident from physical abuse by a PSW” after a resident complained. Inspectors interviewed the home’s associate director of care, who said that due to evidence of the injury, the PSW was found to have “rough handled” the resident. But instead of issuing any serious sanctions, the inspectors asked the home to voluntarily prepare a “written plan of correction for achieving compliance” to ensure residents are “protected from abuse from anyone.”

“Oftentimes when you read these reports, it seems as though it’s the staff that is doing the wrong thing, when in
fact it’s the way the home is managed. Management set the conditions within which staff have to perform this care work,” said Tamara Daly, professor of health policy and equity and director of the York University Centre for Aging Research & Education.

“There are no incentives for being better than mediocre and no real repercussions for being mediocre or worse.”

Daly noted that inspections in recent years have tended to become narrowly focused on specific complaints or incidents in homes that focus on risk, rather than more holistic reviews in which the overall care of residents is taken into consideration.

“The challenge that everybody has noted and that COVID has revealed is that the risk system and the complaint system doesn’t pick up on infection prevention and control,” she said.

In October 2018, the Ministry of Long-Term Care visited Tendercare and conducted a “resident quality inspection,” a more in-depth inspection designed to assess several aspects of resident life throughout the home, which includes interviews with residents. During this inspection, which resulted in five written notices of compliance failure, the ministry found that the home failed to ensure that drugs were stored in a secure area or medication cart, and that no drugs were used by a resident unless the drug was prescribed.

The finding centred on a resident who had been self-administering a drug purchased for them by their family. Inspectors found the drug was not stored properly and that the resident did not have an order for the medication from their physician. For both findings, the home was asked to come up with voluntary plans of correction.

Extendicare told the Star that in this case, the medication in question was Vitamin B and that, once discovered by staff, a doctor’s letter was provided to document this and endorse its continued use.

Earlier that year, in February 2018, another inspection found that the home failed to ensure that a resident with “altered skin integrity,” including “skin breakdown, pressure ulcers, skin tears or wounds,” received not only a skin assessment by nursing staff but treatment. The report describes how a complaint was made concerning a resident who had a skin “integrity impairment” and that, three weeks after admission to the home, the resident’s skin “turned black.”

The report stated that the home failed to ensure that the resident, who was dependent on staff for repositioning, had been repositioned every two hours or more frequently as required. Inspectors ordered the home to comply with regulations around resident skin care.

Tendercare’s spotty compliance history parallels those of other long-term-care homes that have experienced severe COVID-19 outbreaks. Last year, for example, the Star chronicled how Pickering’s Orchard Villa, which currently has the second most deaths from COVID-19, faced a litany of citations for non-compliance with regulations and previous ministry orders before the pandemic struck.

Patricia Spindel, co-founder of Seniors For Social Action Ontario, a group of activists from across Ontario calling for in-home and residential care in the community as an alternative to institutions, said the fact that another long-term-care home was found to have numerous compliance failures before the pandemic “comes as no surprise.”

“This is an ongoing pattern of negligence on the part of facilities, on the part of the inspection branch,” she said. “Essentially all systems are failing.”

The government should step in and immediately cut off the referrals from hospitals to institutions, she said.

“And the way you do that is you build a very strong, much less bureaucratic home-care system. You introduce a paid family caregiver program and you start funding residential alternatives to these institutions. By that I mean you start staffing people where they live.”

Zhao said he received a call from Tendercare on Dec. 18 telling him his grandmother had tested positive for COVID-19. The next day, the home moved Qiu to the other side of the building, but it was almost a week before Zhao was able to speak to her again because the home didn’t provide a new contact number.

On Dec. 30, Zhao’s family decided to send Qiu to hospital after receiving a call from the home telling them Qiu’s vital signs were decreasing and she was refusing to eat or drink. The next day, Zhao said his grandmother’s condition improved and she told him over the phone that Tendercare wouldn’t provide the warm water she had grown accustomed to drinking.

“She liked to drink warm water. We always had two of those thermos cups next to her bed so she could take a sip wherever she felt thirsty,” he recalled.

“But once she was moved to the other
side of the building all the support workers who knew her were sick and at home.”


Zhao says if he had found out about the COVID-19 conditions at Tendercare earlier, his family would probably have just taken his grandmother home.

“I just don’t know what was happening there,” he said. “I can imagine it was chaos.”

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