

Ministry of Long-Term Care

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

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: May 7, 2025

Inspection Number: 2025-1164-0003

Inspection Type:

Proactive Compliance Inspection

Licensee: Chartwell Master Care LP

Long Term Care Home and City: Chartwell Ballycliffe Long Term Care Residence, Ajax

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 23 - 25, 28 - 30, 2025 and May 1, 2, and 5 - 7, 2025

The following intake(s) were inspected:

- Intake: #00144806 - Proactive Compliance Inspection (PCI).

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Medication Management
- Food, Nutrition and Hydration
- Residents' and Family Councils
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Quality Improvement
- Residents' Rights and Choices

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Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Air temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (1)

Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The licensee has failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius. Specifically, temperature monitoring records for February and March 2025 showed that temperatures on all three floors of the home were frequently recorded below 22°C in multiple resident and common areas, including dining rooms, activity rooms, and resident rooms.

Source: Air temperature monitoring record for February and March 2025, and interview with the Environmental Services Manager.

WRITTEN NOTIFICATION: Air temperature

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 24 (3)

Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

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The licensee has failed to ensure that air temperature was documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m., and once every evening or night. Specifically, temperature monitoring records for February and March 2025 showed that multiple required recordings were missing on the first, second, and third floors of the home.

Source: Air temperature monitoring record for February and March 2025, and interview with the Environmental Services Manager.

WRITTEN NOTIFICATION: Compliance with manufacturers' instructions

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

Non-compliance with: O. Reg. 246/22, s. 26

Compliance with manufacturers' instructions

s. 26. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.

The licensee has failed to ensure that staff used disinfectant test strips in accordance with the manufacturer's instructions. Specifically, required daily disinfectant strip testing was not consistently documented on the first, second, and third floors of the home. In March and April 2025, tests were missing on multiple days.

Source: Daily rapid disinfectant testing tracking forms for the first, second, and third floors, and interviews with a Housekeeper and the Environmental Services Manager.

WRITTEN NOTIFICATION: Infection prevention and control

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program

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

The licensee has failed to ensure that symptoms indicating the presence of infection in a resident were monitored on every shift. Specifically, the resident's health record indicated that they were on antibiotics for an infection, but symptom monitoring was not documented on multiple shifts during that period.

Source: The resident's health record and interview with the Infection Prevention and Control Program Lead.

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

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