

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: September 29, 2025

Inspection Number: 2025-1164-0006

Inspection Type:
Post-Occupancy

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): September 23-26, 29, 2025

The following intake(s) were inspected:

- Intake: #00158301 - Post Occupancy Inspection

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

- Resident Care and Support Services
- Food, Nutrition and Hydration
- Safe and Secure Home
- Infection Prevention and Control
- Residents' Rights and Choices

INSPECTION RESULTS

WRITTEN NOTIFICATION: Doors in a home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. i.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

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1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
 - i. kept closed and locked,

The licensee failed to ensure that the doors that residents do not have access were kept closed and locked. Specifically, during an observation in a resident home area; the door leading to the service corridor was not consistently kept closed and locked. This failure compromises the integrity of the secured unit and poses a potential risk to resident safety.

Sources: Home's policy, observations by inspector, and interviews with staff.

WRITTEN NOTIFICATION: Doors in a home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. iii.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
 - iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
 - A. is connected to the resident-staff communication and response system, or
 - B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

The licensee failed to ensure that the doors that residents do not have access leading to service corridor door were equipped with an audible door alarm when activated, and connected to the resident-staff communication system, and connected to nearest audio-visual enunciator that was located across from the nurses station on the secured unit. It was observed on a specific day, the door leading from a resident home area to the service corridor did not consistently close and latch. Further, when the door remained ajar, no audible alarm was triggered.

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Sources: Home's policy, observations , and interviews with staff.

WRITTEN NOTIFICATION: Doors in a home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee failed to ensure that the doors leading to the back service corridor, a non-resident area, were closed and locked when they were not supervised by staff. Access to the waste management area, a laundry room with buckets of chemicals, and a receiving area were all within the back service corridor, all with doors propped open.

Sources: Observations, photos, interviews with staff, home's policy.

WRITTEN NOTIFICATION: Air temperature

NC #004 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.

The licensee failed to ensure that air temperatures that were required to be measured in the resident home areas were consistently documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. Record reviews of all resident homes areas had missing air temperature documentation on multiple days across multiple shifts.

Sources: Home's records, home's policy, interview with staff.

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WRITTEN NOTIFICATION: Maintenance services

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 96 (1) (a)

Maintenance services

s. 96 (1) As part of the organized program of maintenance services under clause 19 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and

The licensee failed to ensure that maintenance services in the home were available seven days per week to ensure that the building, including exterior areas, and its operational systems were maintained in good repair.

During the inspection, the inspector observed water pooling in multiple locations throughout the courtyard area. The presence of pooling water may limit resident use of outdoor space and potential slip and fall hazards for residents.

Sources: Observations in the courtyard areas.

WRITTEN NOTIFICATION: Maintenance services

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 96 (2) (a)

Maintenance services

s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;

The licensee failed to ensure that the procedures are implemented to keep the dishwashing machine in good repair.

During multiple observations in the servery, the dishwasher rinse temperature was not reaching the required temperature of 180 degrees Fahrenheit. Staff confirmed that the

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dishwashing machine was not meeting the required rinse temperature even after several operational cycles.

Sources: Interview with staff, and observation in the servery.



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

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