Ontario

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

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

Central East District
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Public Report

Report Issue Date: January 21, 2026

Inspection Number: 2026-1164-0001

Inspection Type:
Complaint
Critical Incident

Licensee: Chartwell Master Care LP, by its general partner, GP M Trust, by its sole trustee, Chartwell Master Care Corporation

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

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 7-9, 12-14, 16, 19-21, 2026
The inspection occurred offsite on the following date(s): January 15, 2026
The following intake(s) were inspected:
-Two intakes related to abuse of resident by staff
-One intake related to an environmental hazard
-Two intakes related to the fall of a resident with sustained injuries
-Two complaints related to resident care
-One intake related to abuse of a resident by a co-resident
-One intake related to neglect/abuse of a resident
-One intake related to improper care of a resident

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

Resident Care and Support Services
Food, Nutrition and Hydration
Medication Management
Housekeeping, Laundry and Maintenance Services
Safe and Secure Home
Prevention of Abuse and Neglect
Falls Prevention and Management

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) 16.
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:
16. Every resident has the right to proper accommodation, nutrition, care and services consistent with their needs.

The Director received a complaint related to a resident home area.

During an observation of the unit's designated lounge, multiple residents were tightly compacted next to each other. A Registered Practical Nurse (RPN) confirmed that this was the only designated lounge space on the unit, and that due to the size of the lounge, other residents often could not utilize the space.

Sources: Observations, floor plans and an interview with a RPN

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.

A review of a resident's clinical health records, indicated the resident requires supervision and may require extensive assistance with meals. The resident's care plan did not reflect the assessment related to their level of assistance.

Sources: Dining Room Meal Service Policy, observations, resident's clinical health records, and an interview with a RPN

WRITTEN NOTIFICATION: Plan of care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 2.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
2. The outcomes of the care set out in the plan of care.

The Director was informed of an incident involving two residents resulting in one of the residents being injured.

A review of both residents' clinical health records revealed that a Personal Support Workers (PSW) inaccurately documented, omitting the expressions of responsive behaviours and pain.

Sources: The residents' clinical health records, Abuse Free Communities - Prevention, Education and Analysis policy, Dementia Care Program and Responsive Behaviours policy, the CIR, observations, and interviews with a PSW, RPN and Assistant Director Of Care (ADOC)

WRITTEN NOTIFICATION: Licensee must investigate, respond and act

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 27 (1) (a) (i)
Licensee must investigate, respond and act
s. 27 (1) Every licensee of a long-term care home shall ensure that,
(a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:
(i) abuse of a resident by anyone,

A CIR was submitted to the Director related to an incident that took place last year. The ADOC confirmed that the investigation had not been investigated immediately.

Sources: The resident's clinical health records, Abuse Free Communities - Prevention, Education and Analysis policy, Dementia Care Program, the CIR, observations, and

interviews with the ADOC

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

1. The alleged abuse of a resident by staff was not reported to the Director immediately. The ADOC confirmed that the after-hours reporting line was not used, and the on-call manager who was made aware of the incident should have reported the allegation immediately.

Sources: The CIR, the resident's progress notes, home's internal investigation, and interview with the ADOC

2. An incident of abuse involving two residents was not reported to the Director immediately. The ADOC confirmed that this incident should have been immediately reported to the Director.

Sources: Residents' clinical health records, Abuse Free Communities - Prevention, Education and Analysis policy, the CIR, and an interview with the ADOC

WRITTEN NOTIFICATION: Policies, etc., to be followed, and records

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 11 (1) (b)
Policies, etc., to be followed, and records
s. 11 (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, program,

procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system,
(b) is complied with.

The RPN did not monitor a resident's blood glucose levels while the resident was experiencing a hyperglycemia episode, contrary to the home's blood glucose monitoring policy. The resident was subsequently hospitalized.

Sources: The resident's clinical health records, home's investigation notes, home's blood glucose monitoring policy, and interviews with the RPN and Director Of Care (DOC)

WRITTEN NOTIFICATION: Air temperature

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (2)
Air temperature
s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:
1. At least two resident bedrooms in different parts of the home.
2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.
3. Every designated cooling area, if there are any in the home.

Air temperature monitoring was not documented in resident rooms and common areas on two floors for multiple dates during periods of Heating, Ventilation, and Air Conditioning System (HVAC)-related heating loss. This issue was acknowledged by the home's Executive Director (ED), who confirmed that the absence of documentation did not adhere with the home's Heat Risk and Cold Weather Precautions policy.

Sources: Home's heat risk and cold weather policy, air temperature logs, and interview with ED

WRITTEN NOTIFICATION: Required programs

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

Required programs
s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The Director was made aware of an unwitnessed fall involving a resident that occurred last year.

The resident's clinical health records indicated that after the fall, the resident was started on a Head Injury Routine (HIR). Several frequencies in which registered staff were required to assess the resident were missed.

Sources: The CIR, Resident Fall Prevention Program, the resident's clinical health records and interview with the ADOC

WRITTEN NOTIFICATION: Continence care and bowel management

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 56 (2) (b)
Continence care and bowel management
s. 56 (2) Every licensee of a long-term care home shall ensure that,
(b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

An individualized continence care plan was not developed and implemented for a resident.

Sources: The resident's clinical health records, home's Continence and Bowel Management Program, and interviews with a RPN and ADOC

WRITTEN NOTIFICATION: Pain management

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 57 (1) 3.
Pain management
s. 57 (1) The pain management program must, at a minimum, provide for the following:
3. Comfort care measures.

A review of a resident's clinical health records, indicated the resident was to receive care orders that included pain management as needed. Over the course of numerous days, the resident received a specified pain medication as needed, with a change in the scheduled medication occurring a number of days later.

The ADOC acknowledged that registered staff should have informed the physician, to conduct a review of the scheduled medications sooner.

Sources: The CIR, Medication Administration policy, the resident's clinical health records and an interview with the ADOC

WRITTEN NOTIFICATION: Pain management

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 57 (1) 4.
Pain management
s. 57 (1) The pain management program must, at a minimum, provide for the following:
4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

An incident occurred that involved two residents, that resulted in one resident sustaining an injury with pain.

A review of the resident's clinical health records, revealed medication was administered, as needed. Further review of documentation indicated that the initial medication was ineffective, and no further actions were taken by registered staff to address the resident's continued pain.

Sources: Medication Administration policy, Abuse Free Communities - Prevention, Education and Analysis policy, the resident's clinical health records, the CIR, and interviews with a PSW, RPN and ADOC

WRITTEN NOTIFICATION: Dining and snack service

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 79 (2) (b)
Dining and snack service
s. 79 (2) The licensee shall ensure that,
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident.

The resident required total assistance with meals from staff. During an observation the resident was served their meal, without staff present to assist.

Sources: Dining Room Meal Service Policy, observations, and the resident's clinical health records, and an interview with the RPN