

Ministry of Long-Term Care

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

Toronto District

5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Public Report

Report Issue Date: July 3, 2025

Inspection Number: 2025-1027-0003

Inspection Type:

Complaint
Critical Incident

Licensee: Gem Health Care Group Limited

Long Term Care Home and City: Downsview Long Term Care Centre, North York

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 20, 23 - 27, 2025 and July 2 and 3, 2025.

The following intake(s) were inspected:

Intake: #00143842 / Critical Incident System (CIS) #1041-000005-25 related to a disease outbreak.

Intake: #00149350 / CIS #1041-000009-25 related to a disease outbreak.

Intake: #00149060 / CIS#1041-000007-25 related to a disease outbreak.

Intake: #00149144 Complaint related to an improper transfer of a resident.

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

Resident Care and Support Services
Infection Prevention and Control

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that the provision of care set out in the plan of care was documented when four residents exhibited signs and symptoms of infection.

Four residents' clinical health records indicated that they exhibited respiratory symptoms, but there was no documentation showing when registered nursing staff initiated additional precautions. Both the Infection Prevention and Control (IPAC) Lead and the Clinical Nurse Manager acknowledged that the residents were placed on additional precautions when they exhibited signs and symptoms of infection, however, there was no documentation indicating the initial dates of implementation.

Sources: Review of residents' clinical health records and interviews with the IPAC Lead and Clinical Nurse Manager.

WRITTEN NOTIFICATION: Reporting Certain Matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 1.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following

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has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that a person who had reasonable grounds to suspect improper care of a resident that resulted in harm, or a risk of harm immediately reported the suspicion and the information upon which it was based to the Director.

Specifically, a critical incident related to improper care of a resident, was not immediately reported to the Director.

Sources: Review of the home's investigation notes and interview with the Clinical Nurse Manager.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

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

Infection prevention and control program

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

(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

The licensee has failed to ensure that immediate action was taken to reduce transmission and isolate residents with symptoms indicating the presence of infection.

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The home was declared in respiratory outbreak on a resident home area (RHA), which affected multiple residents.

A resident who showed signs and symptoms of infection was placed on additional precautions some days after their initial symptoms presented. Subsequently, four more residents presented with respiratory symptoms.

Sources: Respiratory Outbreak (OB) line list, clinical records, the home's policy, Infection Control, Contingency Plan for Infectious Outbreaks, and interviews with the IPAC Lead, Clinical Nurse Manager, Housekeeping staff and Registered Practical Nurses (RPNs).

WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

Non-compliance with: O. Reg. 246/22, s. 102 (11) (a)

Infection prevention and control program

s. 102 (11) The licensee shall ensure that there are in place,

(a) an outbreak management system for detecting, managing, and controlling infectious disease outbreaks, including defined staff responsibilities, reporting protocols based on requirements under the Health Protection and Promotion Act, communication plans, and protocols for receiving and responding to health alerts; and

The licensee has failed to ensure that staff complied with the home's policy related to outbreak management and reporting requirements.

In accordance with O. Reg 246/22 s. 11 (1) (b), the home is required to have in place an outbreak management system for detecting, managing, and controlling infectious disease outbreaks, including reporting protocols based on requirements

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under the Health Protection and Promotion Act, and must be complied with.

Specifically, on two separate occurrences, staff did not report to the Public Health unit (PHU), when multiple residents were identified with signs and symptoms of infection with an epidemiological link. The home did not report these cases to their PHU until the next day, even though the RHA met the requirement for a suspected respiratory outbreak as outlined in their policy.

Sources: The home's policy titled Contingency Plan for Infectious Outbreaks, Appendix 2, Toronto Public Health (TPH) OB Line Lists, review of residents' clinical health records and interviews with Clinical Nurse Manager and IPAC Lead.

COMPLIANCE ORDER CO #001 Transferring and Positioning Techniques

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

- 1) Provide education and training to the identified RPN related to the home's Fall Prevention and Management Program Policy.
- 2) Document and maintain a written record of the education and training provided, including the date(s) training was held, an overview of the topics covered, method of delivery, the name and credentials of the staff member receiving the training, and the recipient staff's signature that they understood the training provided.

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- 3) Conduct weekly audits on day and evening shifts, to observe staff providing the required assistance for transfers for a specified resident for a period of four weeks.
- 4) Maintain a record of the audits completed, including date, shift time, person completing the audit, observations made, and content of on-the-spot education provided and/or other corrective actions taken where required.
- 5) Retain all records until the MLTC has deemed this order has been complied.

Grounds

The licensee has failed to ensure that staff used safe transferring devices or techniques when assisting a resident.

(i) A resident's care plan specified the level of assistance and the device to be used to provide transfer to them, however, a Personal Support Worker (PSW) did not follow the care plan directions. As a result, the resident experienced an adverse event and a negative health outcome.

(ii) In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the Fall Prevention and Management Program were complied with.

The home's Fall Prevention and Management Policy indicated that two or more staff were to use a specified device to transfer residents following a fall incident.

After a resident experienced a fall, three staff members performed an unsafe resident transfer by not using the device specified in the home's policy.

Sources: Review of the resident's clinical health records, the home's investigation notes, the home's policy titled Fall Prevention and Management Program and interviews with the RPN and Clinical Nurse Manager.

This order must be complied with by August 13, 2025

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

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

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Director

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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.