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

Toronto District
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Public Report

Report Issue Date: August 26, 2025
Inspection Number: 2025-1027-0004
Inspection Type:
Complaint
Critical Incident
Follow up

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 dates: August 19-22, 25-26, 2025

The following intake was inspected in this Follow Up inspection:
Intake: #00151678 – Follow-up – Compliance Order (CO) #001 from 2025-1027-0003 related to Transferring and positioning techniques

The following intake was inspected in this Complaint inspection:
Intake: #00154602 - related to an unwitnessed fall and continence care

The following intake was inspected in this Critical Incident (CI) inspection:
Intake: #00151372 - [CI: #1041-000010-25] - related to hypoglycemia and glucagon administration

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2025-1027-0003 related to O. Reg. 246/22, s. 40

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

Resident Care and Support Services
Medication Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan Of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (1) (c)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that the written plan of care for a resident provided clear directions to staff for administration of a medication. The medication order did not provide clear direction to the registered staff on when to hold the medication.

Sources: Review of resident's progress notes, care plan, medical orders, policy titled 'Diabetes - Insulin Administration', and interviews with the Registered Practical Nurse (RPN), Registered Nurse (RN), Nurse Manager (NM) and Director of Care (DOC).

WRITTEN NOTIFICATION: Plan of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (10) (b)
Plan of care
s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident’s care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that a resident’s plan of care was revised when their care needs changed. An RPN requested a device for the resident after they sustained a fall, however, when the resident's care needs changed, the device was no longer necessary. The plan of care was not revised to reflect the changes to both interventions.

Sources: Observation; resident's care plan and progress notes; and interviews with Personal Support Worker (PSW), RPN, and Clinical Nurse Manager.