

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: October 29, 2025

Inspection Number: 2025-1027-0005

Inspection Type:
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): October 16-17, 22-24, 27-29, 2025

The following intake(s) were inspected in this Critical Incident (CI) inspection:

-Intake: #00155602/ CI #1041-000011-25- related to a communicable disease outbreak

-Intake: #00159536/ CI #1041-000012-25- related to alleged abuse of a resident.

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

Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours

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 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

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The licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in their plan. The resident required a specific intervention to ensure their safety, however the intervention was not provided as per the plan of care.

Sources: Resident's clinical records, the home's investigation notes, interviews with the Personal Support Worker (PSW) and Director of Care (DOC).

WRITTEN NOTIFICATION: Duty to protect

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

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee has failed to ensure that a resident was protected from abuse by another resident.

Ontario Regulation 246/22 defines sexual abuse as “any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member”.

A review of video footage revealed that a resident exhibited inappropriate behaviour towards another resident. The Behaviour Support Ontario (BSO) Lead and the DOC acknowledged that the resident was abused by co-resident.

Sources: Video surveillance, resident’s clinical records, and interviews with the BSO Lead and DOC.

WRITTEN NOTIFICATION: Responsive behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (1) 2.

Responsive behaviours

s. 58 (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:

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2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.

The licensee has failed to comply with the home's Responsive Behaviour Management policy when staff did not collate the information collected from the Dementia Observation Scale (DOS) for a resident.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours were complied with.

Specifically, staff did not comply with the home's policy related to ensuring that information collected from the Behaviour Support Ontario- Dementia Observation Scale (BSO-DOS) initiated for the resident, was collated, analyzed and actioned by the BSO Lead.

Sources: LTCH's policy titled "Responsive Behaviours, clinical records of the resident , interviews with the BSO Lead and DOC.

WRITTEN NOTIFICATION: Responsive behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (1) 4.

Responsive behaviours

s. 58 (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:

4. Protocols for the referral of residents to specialized resources where required.

The licensee has failed to comply with the home's Responsive Behaviour Management policy when the staff did not complete a responsive behaviour referral for a resident.

In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee was required to ensure that protocols for the referral of residents to specialized resources to meet the needs of residents with responsive behaviours are complied with.

The resident had multiple incidents of inappropriate responsive behaviours towards staff and other residents; however, the staff did not refer the resident to external resources,

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as required by the home's policy.

Sources: LTCH's policy titled "Responsive Behaviours, clinical records of the resident, interviews with the BSO Lead and DOC.

WRITTEN NOTIFICATION: Responsive behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(b) strategies are developed and implemented to respond to these behaviours, where possible; and

The licensee has failed to ensure that strategies were developed and implemented for a resident's responsive behaviours.

(i) The resident required a specific intervention for their inappropriate responsive behaviour. This was not implemented during a specific time period.

Sources: Clinical health records of the resident, home's investigation notes, interviews with the PSW and DOC.

(ii) The resident had a history of exhibiting specific responsive behaviours. The residents' responsive behaviours were not assessed by staff, and no strategies were developed or implemented to respond to these behaviours.

Sources: Resident's clinical records and interviews with the PSW, BSO Lead, and DOC.