

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:** January 30, 2026

**Inspection Number:** 2026-1027-0001

**Inspection Type:**  
Proactive Compliance Inspection

**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): January 23, 27-30, 2026  
The inspection occurred offsite on the following date(s): January 26, 2026

The following intake(s) were inspected:

- Intake: #00167879 - Customized PCI Inspection

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

Resident Care and Support Services  
Food, Nutrition and Hydration  
Infection Prevention and Control

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

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**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

a) As per staff and resident, a resident had a specific preference for oral care. However, the resident's care plan had not been reviewed or updated to reflect their preference.

The care plan was revised on January 28, 2026, to include their oral care preference.

**Sources:** Resident's clinical records, interviews with the resident and Personal Support Worker (PSW).

b) A resident's care plan only outlined the level of assistance required and did not specify the oral status or type of oral care to be provided. The care plan had not been reviewed or revised to reflect the current oral care being provided.

The care plan was revised on January 28, 2026, to include the type of oral care to be provided and the resident's oral status.

**Sources:** Resident's clinical records, interview with the PSW.

Date Remedy Implemented: January 28, 2026

**WRITTEN NOTIFICATION: General Requirements**

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

**Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.**

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in

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the evaluation, a summary of the changes made and the date that those changes were implemented.

The written record of the 2024 Nutrition and Hydration Program evaluation did not include the date when the summary of changes were implemented.

**Sources:** 2024 Nutrition and Hydration Program evaluation, interview with the Director of Care.