

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: May 9, 2025

Inspection Number: 2025-1086-0003

Inspection Type:

Critical Incident

Licensee: Chartwell Master Care LP

Long Term Care Home and City: Chartwell Gibson Long Term Care Residence,
North York

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 5-9, 2025

The following intake was inspected:

- Intake: #00145828 - 2556-000008-25 – Allegation of staff to resident abuse

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

Prevention of Abuse and Neglect

INSPECTION RESULTS

COMPLIANCE ORDER CO #001 Duty to protect

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

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

The licensee shall:

1. Present this as a case study to all Personal Support Worker (PSW) staff in the home as examples of emotional abuse, and outline steps to take if witnessed or suspected emotional abuse of a resident occurs
2. Document the content of the above presentation, dates presented and staff attendance

Grounds

The licensee has failed to ensure residents #001, #002 and #003 were protected from abuse by PSW #102.

Section 2 of the Ontario Regulation defines emotional abuse as “any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident.”

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(i) Student PSW #101 worked at the home and their preceptor was PSW #102. The student PSW reported that since the time they started working at the home, PSW #102 would emotionally abuse resident #001. This was evidenced by the resident's fearfulness of PSW #102.

(ii) Student PSW #101 reported PSW #102 emotionally abuse resident #002. This was evidenced by resident #002 being agitated and fearful.

(iii) Student PSW #101 reported PSW #102 emotionally abused resident #003. This was evidenced by the resident feeling intimidated and expressing a wish not to have PSW #102 provide care to them.

The DOC stated the result of the home's investigation was that abuse was substantiated and PSW #102 no longer worked at the home.

There was emotional impact to the residents as evidenced by fear, agitation, crying and one described diminished sense of self as PSW #102 acted in a manner that intimidated, humiliated and threatened their well-being.

Sources: The home's investigation notes, and interviews with resident #003, Student PSW #101, Registered Practical Nurse (RPN) #103 and the DOC.

This order must be complied with by August 5, 2025

COMPLIANCE ORDER CO #002 Policy to promote zero tolerance

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in

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section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

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

The licensee shall:

1. Retrain RPN #103 on the home's prevention of abuse and neglect policy specifically related to responding to allegations of abuse
2. Maintain a written record of all education provided, including the content covered, date, and the person providing the education

Grounds

The licensee has failed to ensure that RPN #103 complied with the home's written policy to promote zero tolerance of abuse and neglect.

Specifically, the home's policy required that the alleged abuser should be spoken to privately and separated from the residents. The policy also required that the residents should be immediately assessed.

After receiving a report from Student PSW #101 that PSW #102 was abusing three residents, RPN #103 failed to follow the home's policy. RPN #103 interviewed both the Student PSW and PSW #102 together at which time PSW #102 became upset and very loud. In addition, RPN #103 did not ensure PSW #102 no longer had access to the three identified residents and failed to assess the residents for any evidence of emotional or physical harm.

The DOC confirmed RPN #103 failed to follow the home's prevention of abuse and neglect policy.

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Failing to follow the home's policy put residents at risk for further abuse, delayed the identification of any negative impact to the residents, and placed the accuser in a potentially vulnerable position.

Sources: Home's policy # LTC-ON-100-05-02 titled Abuse Allegation and Follow-up (revised July 2024), the home's investigation notes and interviews with RPN #103 and the DOC.

This order must be complied with by August 5, 2025

**COMPLIANCE ORDER CO #003 Reporting certain matters to
Director**

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

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:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
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.
3. Unlawful conduct that resulted in harm or a risk of harm to a resident.
4. Misuse or misappropriation of a resident's money.

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5. Misuse or misappropriation of funding provided to a licensee under this Act, the Local Health System Integration Act, 2006 or the Connecting Care Act, 2019.

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

The licensee shall:

1. Retrain RPN #103 on the home's prevention of abuse and neglect policy specifically related to mandatory reporting
2. Maintain a written record of all education provided, including the content covered, date, and the person providing the education
3. Develop, implement and document a plan to ensure that student PSWs are aware of mandatory reporting and understand the consequences of failing to report

Grounds

The licensee had failed to ensure Student PSW #101 and RPN #103 who had reasonable grounds to suspect PSW #102 was abusing residents #001, #002, and #003 immediately reported their suspicions to the Director.

In accordance with FLTCA s. 28 (1) 2, pursuant to s. 154 (3) the licensee is vicariously liable for staff members failing to comply with s. 28 (1).

Student PSW #101 reported to RPN #103 that PSW #102 had been emotionally abusing residents #001, #002, and #003 while providing care. RPN #103 did not report these allegations to anyone until the next day.

The DOC indicated student PSW #101 had witnessed this abuse since they started their placement several weeks prior. The DOC acknowledged the student PSW should have reported their suspicions to a registered staff when they were first witnessed and RPN #103 should have immediately reported the allegations to the

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registered nurse on duty and the DOC.

Failing to immediately report the incidents put the residents at risk as action to prevent further abuse was delayed.

Sources: Critical Incident System (CIS) #2556-000008-25, the home's investigation notes, and interviews with Student PSW #101, RPN #103 and the DOC.

This order must be complied with by August 5, 2025

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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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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.