

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

<b>Report Issue Date:</b> October 23, 2025
<b>Inspection Number:</b> 2025-1086-0006
<b>Inspection Type:</b> Critical Incident Follow up
<b>Licensee:</b> Chartwell Master Care LP
<b>Long Term Care Home and City:</b> Chartwell Gibson Long Term Care Residence, North York

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 16-17, 20-22, 2025

The following intake was inspected in this Follow Up inspection:

- Follow-up #1: FLTCA, 2021 - s. 24 (1) - Duty to protect from inspection # 2025-1086-0005.

The following Critical Incident intake(s) were inspected:

- Intakes #00155308-CI #2556-000018-25 and #00158372-CI #2556-000023-25 were related to outbreak management.
- Intake #00157974-CI #2556-000022-25 was related to medication management.

## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:  
Order #001 from Inspection #2025-1086-0005 related to FLTCA, 2021, s. 24 (1)

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

Medication Management  
Infection Prevention and Control  
Prevention of Abuse and Neglect

## INSPECTION RESULTS

## WRITTEN NOTIFICATION: Infection prevention and control program

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

### Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was implemented.

i. Specifically, section 9.1 (b) states "at minimum routine practices shall include for Hand hygiene (HH), including, but not limited to, at the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact)."

A Registered Practical Nurse (RPN) failed to perform hand hygiene after administering medication to a resident. Additionally, a House Keeper (HK) failed to complete hand hygiene when they removed their gloves after cleaning a resident's room.

ii. Specifically, section 10.2 (c) states "The hand hygiene program for residents shall include: Assistance to residents to perform hand hygiene before meals."

A resident was not offered nor assisted with hand hygiene prior to a meal.

**Sources:** Observation conducted on a specific date, and interviews with RPN and other relevant staff.

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## WRITTEN NOTIFICATION: Administration of drugs

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

### Non-compliance with: O. Reg. 246/22, s. 140 (1)

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Administration of drugs

s. 140 (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 246/22, s. 140 (1).

The licensee has failed to ensure that no drug was administered to a resident in the home unless the drug was prescribed for the resident. Specifically, a resident was administered a drug that was not prescribed to them.

**Sources:** Review of a resident's progress notes, eMAR and orders from Point Click Care (PCC), interview with RN and DOC.  
[000760]