

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 20, 2026

Inspection Number: 2026-1086-0001

Inspection Type:
Proactive Compliance Inspection

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): January 6-9, 12-14, 16, 19-20, 2026

The inspection occurred offsite on the following date(s): January 15, 2026

The following intake(s) were inspected:

- Intake: #00166596 - Proactive Compliance Inspection

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Medication Management
- Food, Nutrition and Hydration
- Residents' and Family Councils
- Safe and Secure Home
- Infection Prevention and Control
- Staffing, Training and Care Standards
- Quality Improvement
- Residents' Rights and Choices
- Pain Management

INSPECTION RESULTS

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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)

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

A resident's plan of care stated that they required extensive assistance with personal care activities. The resident and staff indicated the resident required different type of assistance. The resident's plan of care was not reviewed and revised, when the resident's care needs changed.

The resident's plan of care was revised during inspection to update their current level of assistance required with personal care.

Sources: A resident's clinical records, interviews with a resident, a Personal Support Worker (PSW) and a Registered Nurse (RN).

WRITTEN NOTIFICATION: Windows

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

Non-compliance with: O. Reg. 246/22, s. 19

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

During an initial tour of the home, the windows in two residents' rooms were able to be opened more than 15 centimetres.

Sources: Observation and interview with the Administrator.

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WRITTEN NOTIFICATION: Air temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (2) 3.

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

3. Every designated cooling area, if there are any in the home.

Air temperatures were not measured and documented on a resident common area on each floor at least once every morning, once every afternoon and once every evening on multiple days during a certain period of time.

Sources: Home's air temperature records and interview with the Administrator.

WRITTEN NOTIFICATION: Air temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (5)

Air temperature

s. 24 (5) The licensee shall keep a record of the measurements documented under subsections (2), (3) and (4) for at least one year.

There were no records of the measurements documented for the air temperatures of different areas of the home during a certain period of time.

Sources: Home's air temperature records and interview with the Administrator.

WRITTEN NOTIFICATION: Food production

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

Non-compliance with: O. Reg. 246/22, s. 78 (2) (c)

Food production

s. 78 (2) The food production system must, at a minimum, provide for,
(c) standardized recipes and production sheets for all menus;

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One of the food items that was served to the residents was not prepared in accordance with the standardized recipe. A Cook confirmed that the standardized recipe for that food item had not been provided to them.

Sources: Observation of dining service, standardized recipes, interview with a Cook and the Dietary Manager.

WRITTEN NOTIFICATION: Food production

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 78 (2) (f)

Food production

s. 78 (2) The food production system must, at a minimum, provide for,
(f) communication to residents and staff of any menu substitutions

A menu substitution was not communicated to residents and staff who were serving the meal to the residents.

Sources: Observation of dining service, weekly and daily menu, interview with the Dietary Manager.

WRITTEN NOTIFICATION: Food production

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 78 (3) (b)

Food production

s. 78 (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,
(b) prevent adulteration, contamination and food borne illness. O. Reg. 246/22, s. 78 (3).

A Food Service Worker (FSW) did not accurately record the temperature of the hot food items according to the thermometer and failed to take any action when the temperatures of the hot food items were not in a safe temperature range.

Sources: Observation of dining service, review of food temperature log on second floor

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servery and policy #LTC-ON-300-04-08, "Food Temperature", interview with the Dietary Manager.

WRITTEN NOTIFICATION: Dining and snack service

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 1.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.

The daily and weekly snack menus were not posted anywhere on one of the home areas or in one of the dining rooms where the residents attended meals.

Sources: Observation of dining service, interview with Dietary Manager.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #009 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).

Additional Requirement 9.1 of the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes required Additional Precautions be followed in the IPAC program. Specifically, s. 9.1 (f) around the proper use of Personal Protective Equipment (PPE), including appropriate selection, application, removal, and disposal. A Registered Nurse (RN) was observed to have provided care to a resident who was on Contact Precautions without the required PPEs.

Sources: Observation, IPAC standard for Long-Term Care Homes (Revised September 2023), interviews with a RN and the IPAC Lead.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (8)

Infection prevention and control program

s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead. O. Reg. 246/22, s. 102 (8).

A Registered Practical Nurse (RPN) was observed exiting a resident room without performing hand hygiene after they had resident contact and doffed a glove.

Sources: Observation, interviews with a RPN and the IPAC Lead.

WRITTEN NOTIFICATION: Drug destruction and disposal

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 148 (2) 2.

Drug destruction and disposal

s. 148 (2) The drug destruction and disposal policy must also provide for the following:

2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the Destruction and Disposal of Narcotic and Controlled Medications are complied with. The home's policy stated that any narcotic or controlled substance to be destroyed and disposed of is securely stored in a "one-way access" double locked box in the medication room or other secure area within the home. Specifically, registered nursing staff are directed to denature unused portions or wasted doses of narcotic/controlled medications before placing into the medication disposal container used for non-narcotics.

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A RPN was observed to have disposed the controlled substance refused by a resident into a medication disposal bin used for non-narcotics. However, the controlled substance was not denatured prior to the disposal.

Sources: Observation, home's Destruction and Disposal of Narcotic and Controlled Medications policy, and interviews with a RPN and the DOC.