

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

Original Public Report	
Report Issue Date: February 16, 2023	
Inspection Number: 2023-1298-0002	
Inspection Type: Proactive Compliance Inspection	
Licensee: Chartwell Master Care LP	
Long Term Care Home and City: Chartwell Pine Grove Long Term Care Residence, Woodbridge	
Lead Inspector Oraldeen Brown (698)	Inspector Digital Signature
Additional Inspector(s) Nital Sheth (500)	

INSPECTION SUMMARY
<p>The inspection occurred on the following date(s): February 1, 2, 3, 6, 7, 8, and 9, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> Intake: #00019586 - Proactive Compliance Inspection

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

- Medication Management
- Food, Nutrition and Hydration
- Safe and Secure Home
- Quality Improvement
- Pain Management
- Falls Prevention and Management
- Admission, Absences and Discharge
- Skin and Wound Prevention and Management

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Resident Care and Support Services
Residents' and Family Councils
Infection Prevention and Control
Prevention of Abuse and Neglect
Residents' Rights and Choices

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)

O.Reg. 246/22, s. 12 (1) 3.

The licensee has failed to ensure that the following rules were complied with: all doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

Rationale and Summary:

The inspector observed that a door on third floor leading to non-residential area was unlocked, with broken maglock on the initial day of inspection.

The homes' door security policy indicated that all doors leading to non-residential areas must be equipped with locks to restrict unsupervised access.

The Environmental Service Manager (ESM) acknowledged that the identified door should be kept locked all times.

Sources: Observation, Policy on Door Security (#ALL-CA-ALL-505-02-09, revised January 2015), interview with ESM. [500]

Date Remedy Implemented: February 1, 2023

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NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
FLTCA, 2021, s. 85 (3) (c)

The licensee has failed to ensure that the home's policy to promote zero tolerance of abuse and neglect of residents was posted in the home.

Rationale and Summary:

Upon the inspector's first day of entry into the home, it was observed that the home's policy to promote zero tolerance of abuse and neglect of resident was not posted anywhere.

The Administrator acknowledged that the above-mentioned policy should have been posted on the bulletin board in the reception area.

Sources: Observation, interview with the Administrator. [500]

Date Remedy Implemented: February 6, 2023

WRITTEN NOTIFICATION: Plan of Care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure that the care set out in the care plan was provided to a resident as specified in their plan.

Rationale and Summary:

The resident's plan of care directed the staff to provide a particular preference for their meal. The inspector observed that this preference was not provided to the resident according to their care plan.

The Registered Dietitian (RD) acknowledged that the resident should have provided the correct meal preference as indicated in their care plan.

Sources: Care plan, diet sheet, interviews with RD and others. [500]