Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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: July 25, 2025
Inspection Number: 2025-1536-0005
Inspection Type: Complaint Critical Incident
Licensee: City of Toronto
Long Term Care Home and City: Castleview Wychwood Towers, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 30, 2025 and July 2 to 4, 8 to 11, 14 to 18, 22 and 25, 2025
The inspection occurred offsite on the following date(s): July 18, 24 2025

The following intake(s) were inspected:

- Intake: #00147232 / Critical Incident (CI) #M510-000031-25 and CI #M510-000032-25 were related to abuse of multiple residents
- Intake: #00147418 was related to a complaint involving abuse of a resident

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

Responsive Behaviours
Prevention of Abuse and Neglect
Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (4) (a)
Plan of care
s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

The licensee has failed to ensure that staff and others involved in the different aspects of care collaborated for multiple residents when there was a witnessed incident of abuse by a resident to ensure their assessments were consistent with and complemented each other.

Review of multiple residents' clinical records and interview with staff verified that there was no collaboration with staff when no immediate assessments were completed for the victims.

Sources: Residents' clinical records, home's investigation notes and Interview with a staff.

WRITTEN NOTIFICATION: Reporting and certain matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
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:
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.

The licensee has failed to ensure that the home immediately reported the suspicion of allegation of abuse to the Director.

According to FLTCA s. 154 (3), the licensee is vicariously liable when a staff member failed to comply with subsection 28 (1).

A registered staff was made aware of witnessed abuse of a resident by another resident and another registered staff was made aware of witnessed abuse of multiple residents by a resident, however; the incidents were not reported to the Director immediately.

Sources: CI #M510-000031-25, Infoline (IL) #0140156, home's investigation notes and Interview with multiple staff.

COMPLIANCE ORDER CO #001 Duty to protect

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 24 (1)
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)]:
(1) Create a case study scenario of this incident of abuse.
(2) Conduct an in person review of the case study with all staff on the specified floor of the home.
(3) In the review, discuss the steps that the staff should take in response to resident to resident abuse including but not limited to interventions identified in residents' care plans, actions to take to prevent occurrence, and any other recommendations.
(4) Maintain the records of the above discussions including the content of the case study, content of the review, date of the review, name of staff who provided the review, and staff signed attendance.

Grounds

The licensee has failed to protect multiple residents from abuse by a resident.

According to O. Reg., 246/22, s. 2 (1) (b) “sexual abuse” is defined as any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member.

A staff observed inappropriate behaviour exhibited by a resident towards another resident. The staff immediately reported the witnessed incident to registered staff. Shortly after, another staff witnessed that the same resident exhibited a responsive behaviour towards another resident. The staff immediately reported what they had witnessed to a registered staff.

The home's investigation notes substantiated abuse had occurred towards multiple residents by a resident.

The home failed to protect multiple residents from abuse by a resident.

Sources: Residents' clinical records, home's investigation notes, Interview with multiple staff.

This order must be complied with by September 8, 2025

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001
Related to Compliance Order CO #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $5500.00, to be paid within 30 days from the date of the invoice.
In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:

One previous compliance order for FLTCA, 2021 s. 24 (1) was issued on 2024-06-03 under inspection # 2024-1536-0003

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.
Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

COMPLIANCE ORDER CO #002 Policy to promote zero tolerance

NC #004 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 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)]:
(1) Re-educate the all staff working on the specified floor of the home on the home's Zero Tolerance of Abuse and Neglect Policy and Procedures. Ensure education includes their roles and responsibilities, what immediate actions to take and what

assessments to complete in response to an alleged, suspected or witnessed abuse. (2) Maintain documentation of the education provided including the content, the date of the education, who provided the education, and the individuals who attended the education.

Grounds

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

The home's policy directed to staff to immediately report any allegation or suspicion of abuse to the NM or Registered Nurse in charge (RNIC) and to inform the Director of Care (DOC) or on call manager. The policy further directs staff to conduct an assessment of the victims, including documentation of this assessment, inform the physician or Nurse Practitioner (NP), close monitoring of residents, and complete and incident report.

A staff observed inappropriate behaviour exhibited by a resident towards another resident. The staff immediately reported the witnessed incident to registered staff. Shortly after, another staff witnessed that the same resident exhibited a responsive behaviour towards another resident. The staff immediately reported what they had witnessed to a registered staff.

Review of the home's investigation notes and interview with a staff verified that the home's abuse policy was not complied with.

Failure to comply with the home's policy placed residents at increased risk of harm when little or no action was taken by staff.

Sources: Residents' clinical records, home's investigation notes, home's policy titled "Zero Tolerance of Abuse and Neglect Abuse and Neglect - RC-0305-00" published on July 31, 2024, and interview with a staff.

This order must be complied with by September 8, 2025

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

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

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

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.