

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: 2025-1536-0004

Inspection Type:

Critical Incident
Follow up

Licensee: City of Toronto

Long Term Care Home and City: Castlerview 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 24 to 25 2025

The inspection occurred offsite on the following date(s): July 18 and 24, 2025

The following intake(s) were inspected:

- Intake: #00144795 / Critical Incident (CI) #M510-000026-25, Intake: #00145580 / CI #M510-000027-25, Intake: #00145839 / CI #M510-000028-25 were related to falls prevention and management
- Intake: #00146247 - Follow-up on Compliance Order (CO) #001 related to Communication and response system
- Intake: #00146248 - Follow-up on CO #002, related to Nursing and personal support services
- Intake: #00149811 / CI #M510-000038-25 was related to bed entrapment

Previously Issued Compliance Order(s)

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The following previously issued Compliance Order(s) were found to be in compliance:

Order #002 from Inspection #2025-1536-0003 related to O. Reg. 246/22, s. 20 (a)
Order #001 from Inspection #2025-1536-0003 related to FLTCA, 2021, s. 11 (1) (b)

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

Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Responsive Behaviours
Falls Prevention and Management

INSPECTION RESULTS

COMPLIANCE ORDER CO #001 Required programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

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

(1) Re-educate multiple staff on multiple residents care plan on the implementation of fall prevention interventions.

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(2) Maintain a written record of the education provided and include the date of the education, the name of the person(s) providing the education, and staff signed attendance.

(3) Conduct random audits for three weeks, at minimum three times weekly on various shifts (if applicable) on staff to ensure they are following residents' plan of care related to the provision and application of fall preventions interventions.

(4) Maintain a written record of the audits conducted on staff, including the date of the audit, name of the person(s) conducting the audit, the name and room number of the resident audited, and any discrepancies and corrective actions taken, if any.

Grounds

The licensee has failed to ensure that the falls prevention and management program was implemented for multiple residents.

(a) A resident's falls prevention interventions included use of an intervention. The resident had a fall with injury. Staff acknowledged that the fall prevention intervention was not implemented for the resident at the time of their fall. Failure to ensure the use of the fall prevention intervention poses a risk of injury when the resident sustained a fall.

Sources: Review of resident's clinical records; and interview with staff.

(b) A resident's falls prevention interventions included use of an intervention. The inspector observed that the fall prevention intervention was not in use when the resident was observed. A staff acknowledged that fall prevention intervention was not implemented for resident. Failure to ensure the use of a fall prevention intervention poses a risk of injury.

Sources: Review of resident's clinical records; and interview with a staff.

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(c) A resident's falls prevention interventions included use of an intervention. The inspector observed the fall prevention intervention was not in use. A staff acknowledged that the fall prevention intervention was not implemented for the resident. Failure to ensure the use of a fall prevention intervention poses a risk of injury.

Sources: Review of resident's clinical records; and interview with staff.

This order must be complied with by September 8, 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

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Director

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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.