



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
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Direction de l'amélioration de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Sep 18, 2015	2015_440210_0009	017132-15	Complaint

Licensee/Titulaire de permis

City of Toronto
55 JOHN STREET METRO HALL, 11th FLOOR TORONTO ON M5V 3C6

Long-Term Care Home/Foyer de soins de longue durée

CASTLEVIEW WYCHWOOD TOWERS
351 CHRISTIE STREET TORONTO ON M6G 3C3

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

SLAVICA VUCKO (210)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): September 8, 9, 10, and 11, 2015.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Nursing (DON), Nurse Managers (NMs), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Care Aids (PCAs), Manager Building Services(MBS), and residents, reviewed residents' records, reviewed home's policies and performed a tour throughout the home.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Reporting and Complaints
Safe and Secure Home
Sufficient Staffing**

During the course of this inspection, Non-Compliances were issued.

**2 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Findings/Faits saillants :

1. The licensee failed to ensure that the home's policy "Maintenance, Work Requisition" is complied with.

Review of the home's policy "Maintenance-work requisition", dated August 1, 2012, revealed that the procedure to communicate a request for repairs to building services is as follows:



1. Requisition shall be completed with a full description of the work requested. Person completing the requisition must include their name and contact number should additional information be required.
2. Emergency repairs (requests that have an immediate risk to occupant safety or serious damage to the building) shall be requested verbally but must be followed up by a written requisition.
3. The requisitioning person is to retain the pink copy in accordance with their departmental guideline. The remaining white and yellow copies are to be forwarded to building services.
4. Building services will prioritize requisitions based on safety and urgency needs. Maintenance will respond to emergency requisitions immediately upon receipt. All other requisitions will be responded to within 5 business days.
5. The requisitioning department can expect that all requests will be completed within 5 days unless otherwise notified. It may be necessary to order parts or obtain external resources. but this is to be communicated to the requisitioning department. Where it is not possible to complete a requisition within the 5-day period, both the requisitioning department and the manager of building services/supervisor, housekeeping will be notified.
6. Once completed , building services will return the yellow copy indicating action taken to the requisitioning department.
7. The white copy of all completed requisitions shall be filed in a monthly sequence for a period of one year by building services.

Interview with resident #46 indicated that on multiple occasions during period of four months in 2015, while he/she was having showers, the water temperature fluctuated from warm to cold and it was very hard to be regulated. He/she reported the issue to registered nursing staff or PCAs, who worked either the day or the evening shift.

Interview with PCA #143 indicated that on an identified date in 2015 on an evening shift the resident shared with him/her that he/she had shower with cold water in the morning. The staff member stated that he/she did not complete a work requisition form for maintenance to correct the problem. Interview with another identified staff #127 confirmed that on an identified date in 2015 while giving showers to residents the water temperature fluctuated from warm to cold and he/she had to re-set it in the middle of the shower. The staff confirmed that he/she did not fill out a work requisition form for maintenance.

Interview with the manager of building services (MBS) revealed that there was no paper



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or verbal work requisition submitted to the maintenance department for the last five months till the time of the inspection. The MBS further indicated that the expectation is for every request for repair or maintenance, a work requisition must be completed as per the home's policy.

A review of the work requisition record for the period of four months, from May to September 2015, and interviews with the MBS, registered nursing staff and PCAs confirmed that when the shower water temperature was fluctuating a work requisition for repair had not been completed according to the home's policy. [s. 8.]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints



Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

3. A response shall be made to the person who made the complaint, indicating,
i. what the licensee has done to resolve the complaint, or
ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,

(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).

(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).

(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).

(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).

(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that every verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home has been investigated and resolved where possible, and a response provided within 10 business days of receipt of the complaint.



Interview with resident #46 indicated he/she complained verbally to staff on multiple occasions in the period of four months in 2015 about the fluctuating shower water temperature and having to finish the shower with cold water. Interviews with PCA #143, registered staff #166, and #127, confirmed that there was a problem with the stability of the shower water temperature and it had been reported verbally to the maintenance staff.

Interview with the Administrator, the BSM and identified staff #166 and #127 confirmed that the complaint from resident #46 had not been investigated, resolved or response provided to the resident within 10 business days of receipt of the complaint. [s. 101. (1) 1.]

2. The licensee failed to ensure that a response was made to the person who made the complaint indicating what the licensee has done to resolve the complaint, or that the licensee believes the complaint to be unfounded and the reasons for the belief.

Interview with resident #46 indicated he/she complained verbally to staff on multiple occasions during period of four months in 2015 about the fluctuating shower water temperature and having to finish the shower with cold water. Interviews with identified staff #143, #166, and #127, confirmed that there was a problem with the stability of the shower water temperature and it had been reported verbally to the maintenance staff.

An interview with BSM indicated that two hot water boilers are being serviced at the time of the inspection but he/she had no knowledge or documentation of fluctuating shower water temperature.

Interviews with the Administrator, the BSM and identified staff #166 and #127 confirmed that a response had not been provided in regards to resident #46's complaint indicating what the licensee has done to resolve the complaint, or that the licensee believes the complaint to be unfounded and the reasons for the belief. [s. 101. (1) 3.]

3. The licensee has failed to ensure that a documented record is kept in the home that includes:

- (a) the nature of each verbal or written complaint
- (b) the date the complaint was received
- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required
- (d) the final resolution, if any.



Interview with resident #46 indicated he/she complained verbally to staff on multiple occasions during period of four months in 2015 about the fluctuating shower water temperature and having to finish the shower with cold water. Interviews with PCA # 143, registered staff # 166, and #127, confirmed that there was a problem with the shower water temperature and it had been reported verbally to the maintenance staff.

Interview with resident #46 indicated that on an identified date in 2015 he/she requested/complained verbally to the nurse manager (NM) about the techniques for transfer with the ceiling lift. The NM gave a copy of the home's policy and explained to the resident that because of safe transfer reasons the home could not satisfy the resident's request. The resident was not satisfied with the response and insisted on further discussion with management.

Review of the home's complaints log and interview with the Administrator confirmed that the complaints/requests/concerns from resident #46 in regards to the fluctuating shower water temperature and the transfer techniques were not documented in the home's complaints log including the nature of each verbal complaint, the date the complaint was received, the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required, the final resolution, if any, every date on which any response was provided to the complainant and a description of the response, and any response made by the complainant. [s. 101. (2)]

Issued on this 8th day of October, 2015

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.