



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 16, 2016	2016_168202_0006	003665-16	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

VALERIE JOHNSTON (202), CECILIA FULTON (618), TIINA TRALMAN (162)

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): February 05, 08, 09, 10, 11, 12, 2016.

During the course of the inspection, the inspectors: reviewed clinical records, reviewed, Residents' Council and Family Council meeting minutes, reviewed the home's complaint documentation, reviewed the home's policies related to skin and wound care, pest control and continence care, and observed meal service on an identified home area.

This complaint inspection is related to a complaint regarding lack of continence supplies, retaliation, pests, wound care and food quality.

During the course of the inspection, the inspector(s) spoke with administrator, director of nursing (DON), nurse managers (NMs), nutrition managers, building support manager (BSM), registered nursing staff, personal support workers, food service workers, housekeeping staff, residents.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Continence Care and Bowel Management
Dignity, Choice and Privacy
Food Quality
Skin and Wound Care**

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

**3 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. 50. Skin and wound care



Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
- (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that residents' exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, has been reassessed at least weekly by a member of the registered nursing staff, where clinically indicated.

Record review for resident #001 revealed that the resident had exhibited altered skin integrity on an identified date. On the following day, the physician ordered an identified treatment until healed.

Record review revealed that this treatment had been started as ordered and a notation in the Medication Administration record revealed that on an identified date, four months later, that the identified area had healed.

A review of resident #001's health record did not reveal any weekly skin/wound assessments.

Record review for resident #009 revealed that on an identified date, the physician ordered a treatment regime as the resident had been identified exhibiting altered skin integrity. Further review of the health record revealed there were no corresponding nursing notes or skin assessments completed on or preceding that date to indicate when the altered skin integrity had been first found. The first nursing progress note regarding the altered skin integrity had been made on an identified date. There were no weekly



skin/wound assessments found in this resident's records.

Record review for resident #008 revealed that on an identified date, the resident was assessed as exhibiting altered skin integrity and the physician ordered an identified treatment regime, until healed.

Weekly skin assessment progress notes were made on two identified dates in an identified month. A skin assessment record was initiated on the day that the altered skin integrity had been identified, however, it was only completed for that date.

There were no weekly skin/wound assessments found in this resident's records.

Interview with registered staff #136 and #137 revealed that resident's exhibiting altered skin integrity should be assessed weekly using the Weekly Ulcers/wound assessment record and that a note should also be made in the resident's progress notes.

Interview with Nurse Manager (NM) staff #135 revealed that it is the expectation of the home that the weekly wound assessments are completed for all residents exhibiting altered skin integrity.

NM #135 was unable to locate any weekly ulcer/wound assessment records for these residents.

Interview with the NM, staff #135 confirmed that the required weekly skin/wound assessments had not been completed for these residents. [s. 50. (2) (b) (iv)]

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 88. Pest control
Specifically failed to comply with the following:**

**s. 88. (2) The licensee shall ensure that immediate action is taken to deal with
pests. O. Reg. 79/10, s. 88 (2).**

Findings/Faits saillants :



1. The licensee has failed to ensure that immediate action was taken to deal with pests.

In response to a complaint received by the MOHLTC regarding cockroach sightings in the home, an inspection into the home's pest control program was carried out.

Interviews with food service workers, nutrition managers, personal support workers and registered staff revealed an awareness of the home's policy to report sightings of pests.

An interview with PSW #115 revealed a sighting of a cockroach during the week of February 1, 2016, on an identified home area and location. The PSW had killed the cockroach and discarded the insect into the garbage. The PSW revealed that he/she did not inform the department manager or write the sighting in the pest control binder.

An interview with FSW #117 revealed a resident had sighted a cockroach on an identified area and location on February 5, 2016. The FSW had killed the cockroach and discarded the insect into the garbage. The FSW revealed that he/she did not inform the department manager or write the sighting in the pest control binder.

A review of the home's policy index BS-0503-00 titled "Pest Control" reviewed 01-08-12, indicated that all pest sightings and or/evidence of infestations will be recorded in a log book to be kept. The form in the log book identifies a pest sighting report sheet requiring the date, pest, location, contact to be completed.

An interview with the BSM confirmed that there was no reporting of the above-mentioned sightings and that the expectation is for the employees to have immediately reported sightings via the e-pest report, internal reporting or via the staff member's manager. The BSM indicated that reporting is an essential part of taking immediate action in dealing with pests. [s. 88. (2)]



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WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 151. Obstruction, etc.

Every person is guilty of an offence who,

(a) hinders, obstructs or interferes with an inspector conducting an inspection, or otherwise impedes an inspector in carrying out his or her duties;

(b) destroys or alters a record or other thing that has been demanded under clause 147 (1) (c); or

(c) fails to do anything required under subsection 147 (3). 2007, c. 8, s. 151.

Findings/Faits saillants :



1. The licensee has failed to comply with LTCHA, 2007, c. 8, s.151; obstruction when a person hindered, obstructed or interfered with an inspector conducting an inspection, or otherwise impedes an inspector in carrying out his or her duties.

On February 08, 2016, the inspector conducted observations on an identified home area, in response to an identified complaint.

On the following day, February 09, 2016, the inspector approached the staff working on the above mentioned identified home area for an interview. During separate interviews with RPN #125 and PSW #126, they expressed that they had been reluctant to speak to the inspector and indicated that they were worried that their manager may see them and that they did not want their interview shared with their manager. Both staff stated that regardless of their hesitancy they would be interviewed and would "speak the truth".

RPN #125 and PSW #126 revealed in their interviews that NM#134 had approached the staff as a group the morning of February 09, 2016, and requested to know if they had spoken to an inspector and stated, "if they come and talk to you, I have to know".

RPN #125 further revealed that approximately one week before the inspector arrived at the home, NM#134 stated to the staff that the Ministry may come to the home and talk about an identified issue and questioned as to how they would answer to the Ministry.

An interview with NM #134 confirmed that he/she had questioned the staff working on the identified home area. The NM stated that he/she had intended to find out why the inspector was in the home. The NM indicated that this was not the first time he/she had questioned the staff when inspectors are in the home and stated that he/she "needs to know" why the inspector is in the home. When the inspector questioned the NM on his/her position of authority and the impact of his/her questioning front line staff both prior to and during an inspection, if it could have impeded the inspector in carrying out his/her duties, the NM stated that this was not his/her intent and had not thought of it this way before. [s. 151. (a)]



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Issued on this 11th day of April, 2016

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

Original report signed by the inspector.