



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

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

Division de la responsabilisation et de la performance du
système de santé

Direction de l'amélioration de la performance et de la
conformité

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Telephone: 416-325-9297
1-866-311-8002

Facsimile: 416-327-4486

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8th étage
Toronto, ON M4V 2Y7

Téléphone: 416-325-9297
1-866-311-8002

Télécopieur: 416-327-4486

		<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
April 27, 28, 2011	2011_193_9510_27Apr112716	Complaint, T-392, 767
Licensee/Titulaire Toronto Long-Term Care Homes and Services, 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/Nom de l'inspecteur Monica Klein #193		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection related to resident care.		
During the course of the inspection, the inspector spoke with: residents, direct care staff, Nurse Manager.		
During the course of the inspection, the inspector: reviewed health record and complaints binder.		
The following Inspection Protocol was used during this inspection: Dignity, choice and privacy		
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:		
1 WN		



**Ministry of Health and
Long-Term Care**
**Ministère de la Santé et
des Soins de longue durée**

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

**Rapport
d'inspection prévue
le *Loi de 2007 les
foyers de soins de
longue durée***

NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référance au directeur

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre de travail et d'activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constitue un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* a trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with 6 (1) (c) and (4) (a) of the LTCHA s.o. 2007, c. 8.

(1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident.

(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.

Findings:

- The plan of care for an identified resident provides staff with conflicting information regarding resident's care. The information was confirmed by the resident and the direct care staff.

Inspector ID #: 193

Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

**Signature of Health System Accountability and Performance Division
representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.**

Title: **Date:** **Date of Report:** (if different from date(s) of inspection).