

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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

 Bureau régional de services de Toronto  
55, avenue St. Clair Ouest, 8<sup>ième</sup> étage  
Toronto, ON M4V 2Y7

**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

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

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

Facsimile: 416-327-4486

Télécopieur: 416-327-4486

 Licensee Copy/Copie du Titulaire
  Public Copy/Copie Public

<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
April 20, 21, 2011	2011_193_9510_20Apr091440	Complaint, T-180
<b>Licensee/Titulaire</b>		
Toronto Long-Term Care Homes and Services, 55 John Street, Metro Hall, 11th Floor, Toronto, ON, M5V 3C6		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>		
Castleview Wichwood Towers, 351 Christie Street, Toronto, ON, M6G 3C3		
<b>Name of Inspector/Nom de l'inspecteur</b>		
Monica Klein #193		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this inspection was to conduct a complaint inspection regarding the number of bath/showers received by residents per week.</p> <p>During the course of the inspection, the inspector spoke with: residents, family members, Personal Care Aids, registered staff, Nurse manger and Director of Nursing.</p> <p>During the course of the inspection, the inspector: review health records and bath and shower schedules.</p> <p>The following Inspection Protocols was used during this inspection: Personal support services</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>1 WN 1 CO: CO # 001</p>		

**NON- COMPLIANCE / (Non-respectés)**
**Definitions/Définitions**

**WN** – Written Notifications/Avis écrit  
**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire  
**DR** – Director Referral/Régisseur envoyé  
**CO** – Compliance Order/Ordres de conformité  
**WAO** – Work and Activity Order/Ordres: travaux et 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 constituer 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* à 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 33 (1) of the O. Reg.

**(1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.**

**Findings:**

The licensee has failed to ensure that each resident is bathed, at minimum, twice per week. The information was confirmed by family members, direct care staff, registered staff and the Nurse manager of the unit.

- Two identified residents are not bathed, at minimum, twice per week.
- Residents on an identified unit are not being bathed, at minimum, twice per week.

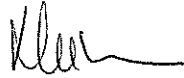
**Inspector ID #:** 193

**Additional Required Actions:**

**CO # - 001** will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

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).

May 10, 2011.

## Order of the Inspector

Pursuant to section 153 and/or section 154 of the  
*Long-Term Care Homes Act, 2007, S.O. 2007, c.8*

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
<b>Name of Inspector:</b>	Monica Klein	<b>Inspector ID #</b> 193
<b>Log #:</b>	T-180	
<b>Inspection Report #:</b>	2011_193_9510_20Apr091440	
<b>Type of Inspection:</b>	Complaint	
<b>Date of Inspection:</b>	April 20, 21, 2011	
<b>Licensee:</b>	Toronto Long-Term Care Homes and Services, 55 John Street, Metro Hall, 11th Floor, Toronto, ON, M5V 3C6	
<b>LTC Home:</b>	Castlevue Wichwood Towers, 351 Christie Street, Toronto, ON, M6G 3C3	
<b>Name of Administrator:</b>	Nancy Lew (Acting)	

To Toronto Long-Term Care Homes and Services, you are hereby required to comply with the following order by the date set out below:

<b>Order #:</b>	001	<b>Order Type:</b>	Compliance Order, Section 153 (1)(a)]
<b>Pursuant to: 33 (1) of the O. Reg.</b>			
(1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.			
<b>Order: The licensee must ensure that every resident of the home is bathed at minimum, twice per week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.</b>			
<b>Grounds:</b>			
The licensee has failed to ensure that each resident is bathed, at minimum, twice per week. The information was confirmed by family members, direct care staff, registered staff and the Nurse manager of the unit.			
<ul style="list-style-type: none"> <li>• Two identified residents are not bathed, at minimum, twice per week.</li> <li>• Residents on an identified unit are not being bathed, at minimum, twice per week.</li> </ul>			



This order must be complied with by: Immediately

**REVIEW/APEAL INFORMATION**

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

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 was served on the Licensee.

The written request for review must include,

- (a) the portions of the order 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 or by fax upon:

Director  
c/o Appeals Clerk  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
55 St. Clair Ave. West  
Suite 800, 8<sup>th</sup> floor  
Toronto, ON M4V 2Y2  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the  
Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON  
M5S 2T5

Director  
c/o Appeals Clerk  
Performance Improvement and Compliance Branch  
55 St. Claire Avenue, West  
Suite 800, 8<sup>th</sup> Floor  
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).

Issued on this 10 day of May, 2010.	
Signature of Inspector:	<i>Kledu</i>



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

Name of Inspector:	Monica Klein
Service Area Office:	Toronto.