

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

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	Licensee Copy/Copie du Titulaire	e Public Copy/Copie Public	
Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection	
•			
April 26, 27, 2011 Licensee/Titulaire	2011_193_9510_26Apr101050	Complaint, T-787	
Licensee/ i itulaire			
Toronto Long-Term Care Homes and Services	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 la	ongue durée		
Castleview Wichwood Towers, 351 Christie St	reet Toronto ON M6G 3C3		
Name of Inspector/Nom de l'inspecteur	reet, Toronto, ON, MOO 303		
Monica Klein #193		Section 2. a marrier land and a	
Inspection	Summary/Sommaire d'inspe	ction	
The purpose of this inspection was to con-	duct a complaint inspection regard	ding continence care.	
During the course of the inspection, the inspector spoke with: resident, direct care staff, registered staff, Director of Nursing.			
During the course of the inspection, the inspector: reviewed health records and home's Continence care and bowel management program, policies.			
The following Inspection Protocol was used during this inspection: Continence care and bowel management.			
☐ Findings of Non-Compliance were	found during this inspection.	The following action was taken:	
3 WN CO: CO # 001			
	•		



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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

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 6 (7) of the LTCHA S.O. 2007, c. 8.

The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Findings:

- The plan of care indicates for an identified resident to be toileted before and after meals, before sleep and when she requests. The resident is not being toileted as per plan of care, fact stated by staff, the resident and observed by inspector.
- The identified resident was not toileted before breakfast on two identified occasions.

Inspector ID #:

193

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with 51 (2) (b) (d) of the O. Reg.

- (2) Every licensee of a long-term care home shall ensure that,
- (b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented
- (d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time

Findings:

- The plan of care for an identified resident noted that the resident should be toileted before and after meals, before going to sleep and when requested by the resident.
- An identified resident was not toileted before breakfast as per plan of care on two identified occasions.
- An identified resident reported that in many instances the resident was asking to be taken to the washroom but nobody provided assistance.
- An identified resident was observed in a common resident area (TV) loudly crying for assistance to go to the washroom. No staff was attending the resident.

Inspector ID #:

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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

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

	Licensee Copy/Copie du Titulaire	Public Copy/Copie Public
Name of Inspector:	Monica Klein	Inspector ID # 193
Log #:	T- 787	
Inspection Report #:	2011_193_9510_26Apr101050	
Type of Inspection:	Complaint	
Date of Inspection:	April 26, 27, 2011	
Licensee:	Toronto Long-Term Care Homes and Services, 55 John Street, Metro Hall, 11th Floor, Toronto, ON, M5V 3C6	
LTC Home:	Castleview Wichwood Towers, 351 Christie Street, Toronto, ON, M6G 3C3	
Name of Administrator:	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:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(a)
	o: 6 (7) of the LTCH. shall ensure that the	,	plan of care is provided to the resident as specified in
Order: The previo care.	usly identified res	sident must be to	ileted as specified in the resident's plan of
before fact s	re sleep and when s stated by staff, the	she requests. The resident and obse	resident to be toileted before and after meals, resident is not being toileted as per plan of care, rved by inspector. fore breakfast on two identified occasions.
This order	his order must be complied with by: Immediately		diately

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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

REVIEW/APPEAL 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, 8th 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, 8th 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.

Issued on this 10 day of	May , 2010.	
Signature of Inspector:	Klei	
Name of Inspector:	Monica Klein.	

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WN #3: The Licensee has failed to comply with 8 (1) (b) of the O. Reg. Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, (b) is complied with.			
Findings:			
requires to lunch, bef by resider protocol.	o toilet the resident "upon awa ore or after supper, at bedtime	02) put in place is not complied with. The protocol kening in the morning, after breakfast, before or after, during the night if resident is awake and as requested to being toileted according to the home's toileting	
Inspector ID #:	193		
	e or Representative of Licensee e du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la	

Signature of Licensee or I Signature du Titulaire du	Representative of Licensee 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.
		Wlee-
Title:	Date:	Date of Report: (if different from date(s) of inspection).
		May 10, 2011