



**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
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 # / No de registre	Type of Inspection / Genre d'inspection
Apr 3, 2019	2019_766500_0008	025415-18, 028757-18	Complaint

Licensee/Titulaire de permis

City of Toronto
365 Bloor Street East 15th Floor TORONTO ON M4W 3L4

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

NITAL SHETH (500), CECILIA FULTON (618)

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): March 20, 21, 25, 26, 27, 28, 29, April 1, 2, 2019.

The complaint intake logs #025415-18, and #028757-18 related to multiple issues with care were inspected during this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Assistant Administrator, Director of Nursing (DON), Nurse Managers, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and Residents.

During the course of the inspection, the inspectors observed residents' care areas, and reviewed residents' and home's records.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Dignity, Choice and Privacy

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Skin and Wound Care

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

3 WN(s)

3 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
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 LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights



Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

11. Every resident has the right to,

i. participate fully in the development, implementation, review and revision of his or her plan of care,

ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,

iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and

iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that the following rights of residents were fully respected and promoted: every resident has the right to, have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.

A complaint was received by the Ministry of Health and Long-term Care (MOHLTC) indicating the resident having multiple concerns with the home.

On March 20, and 21, 2019, at 1040 hours, and on March 27, 2019 at 1140 hours, inspectors observed a bookshelf with several binders on it, including binders containing residents' plans of care, Nursing and Personal Care Records (NPCR), and several other binders containing resident's personal health information in the unlocked room on the seventh floor. The inspectors identified staff came and went from this room and used the room as a documentation area. One resident was observed entering the room.

Further observations identified this door was left open. On March 27, 2019, at 1140 hours, Inspector #500, interviewed RPN #100 about this issue, and the RPN indicated that due to lack of space, the management decided to move all care plans and NPCR binders in this room with the expectation that the door to the room will be locked all the time. Housekeeping staff would have access to the room for cleaning purposes. Visitors wanting access to the room would need to request access.

RPN #100 confirmed that the resident's personal health information should have been kept in a secure area in order to maintain confidentiality.

Interview with Nurse Manager #104 indicated that after the inspector notified the home, there was an in-service conducted with staff to ensure to lock the room storing residents' personal health information all the time and the room was locked immediately.

Interview with the Assistant Administrator and Administrator confirmed that the residents' personal health information should be secured. [s. 3. (1) 11. iv.]



Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the following rights of residents are fully respected and promoted: every resident has the right to, have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (9) The licensee shall ensure that the following are documented:

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the following were documented: the provision of the care set out in the plan of care.

A complaint was received by the Ministry of Health and Long-term Care (MOHLTC) indicating that resident #001 had not received identified medications and treatment as per the physician's order.

A review of resident #005's Medication Administration Record (MAR) indicated that an identified medication order was not signed off on four identified days. [s. 6. (9)]

2. A review of resident #001's MAR indicated that an identified medication order was not signed off by staff on 11 identified days. Another identified medication order was not signed off by staff on 13 identified days.

A review of Treatment Administration Record (TAR) indicated, a treatment order was not signed off by staff on nine identified days. Another treatment order was not signed off by staff off on five identified days. [s. 6. (9) 1.]

3. A review of resident #004's MAR indicated that an identified medication order was not signed off by staff on two identified days.

Interview, with RPN #102 indicated that staff should have signed off MAR and TAR after each medication and treatment administration.

Interview with Nurse Manager #103 and #104 indicated that the above documentation should have been made by staff.

Interview with the Director of Nursing (DON) confirmed that as per the home's standards staff should have made the documentation. [s. 6. (9) 1.]



Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the following are documented: the provision of the care set out in the plan of care, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that, (f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that, there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes.

A complaint was received by the Ministry of Health and Long-term Care (MOHLTC) indicating the resident was not receiving enough identified incontinent products to manage their incontinence.

During an interview, resident #001, indicated that the home is not providing the required number of an identified incontinent product to keep the resident comfortable because it is expensive.

A review of the resident's written plan of care indicated that the resident is incontinent of bowel and bladder, and the plan included the use of an identified product to manage incontinence.

Interview with PSW #101 indicated that the resident required an identified product. On occasions when the identified product is not available, the resident has requested that



they use a specified alternative instead.

Interview with RPN #102 indicated that the resident likes to use the identified product and that makes the resident peaceful. If they have enough supply of the product, they provide it however, sometimes the resident requests more frequent changes, and if no product is available, staff will use the specified alternative instead. RPN #102 indicated that many times, particularly on weekend nights the home runs out of the supply of the identified product, and that they will try to save some for the resident as it gives the resident peace of mind.

Interview with Nurse Manager #103 indicated that the resident required the identified product. The home does not encourage the resident to use the incontinent product the way the resident is requesting. As per the best practices, the home should not have used any kind of alternative for the resident. Nurse Manager #103 confirmed that based on the care plan, the staff should have enough number of the identified product available to manage the resident's incontinence.

Interview with Nurse Manager #104 indicated that the home orders one product for the resident per shift, and indicated that they do not encourage staff to carry more supply than it is required for the resident, and staff should communicate with the management if they run out of supply. Nurse Manager #104 indicated that they have some supply of incontinence products in their office and staff should know that it is available.

Interview with the Assistant Administrator confirmed that the resident should have enough supply of incontinence products available. [s. 51. (2) (f)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that, there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes, to be implemented voluntarily.



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Issued on this 4th day of April, 2019

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

Original report signed by the inspector.