Ontario

**Inspection Report Under the**
**Fixing Long-Term Care Act, 2021**

**Ministry of Long-Term Care**
Long-Term Care Operations Division
Long-Term Care Inspections Branch

**Toronto District**
5700 Yonge Street, 5th Floor
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# Original Public Report

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|---|---|
| **Report Issue Date: April 4, 2023** | |
| **Inspection Number:** 2023-1536-0002 | |
| **Inspection Type:**<br>Proactive Compliance Inspection | |
| **Licensee:** City of Toronto | |
| **Long Term Care Home and City:** Castleview Wychwood Towers, Toronto | |
| **Lead Inspector**<br>Goldie Acai [741521] | **Inspector Digital Signature**<br>Goldie Acai<br>Digitally signed by Goldie Acai<br>Date: 2023.04.06 17:03:41 -04'00' |
| **Additional Inspector(s)**<br>Matthew Chiu [565] | |

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s):
March 20-24, 27-30, 2023.

The following intake(s) were inspected:

- Intake: #00022884 - Proactive Compliance Inspection

The following **Inspection Protocols** were used during this inspection:

Falls Prevention and Management
Food, Nutrition and Hydration
Infection Prevention and Control
Medication Management
Pain Management
Prevention of Abuse and Neglect
Quality Improvement

Resident Care and Support Services
Residents' and Family Councils
Residents' Rights and Choices
Safe and Secure Home
Skin and Wound Prevention and Management

# INSPECTION RESULTS

## Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

**NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)**
The licensee has failed to ensure the doors leading to two non-residential areas were locked when they were not being supervised by staff.

**Rationale and Summary:**
On March 20, 2023, the doors leading to the electrical telephone panel room on unit 2C and the electrical nurse call panel room on unit 3W were not locked and they were not supervised by staff. Staff members stated these rooms were non-residential areas and their doors should have been locked to restrict resident access, but they were not.

After the non-compliance was brought to the home's attention, staff had locked the above-mentioned doors during the same shift. There was no impact and risk to residents' safety was low as a result of the non-compliance.

**Sources:**
Observations; and interviews with staff.

**Date Remedy Implemented:**
March 20, 2023.
[565]

**NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)**
O. Reg. 246/22, s. 265 (1) 10.

The licensee has failed to ensure that the current version of the visitor policy made under section 267 was posted in the home.

**Rational and Summary:**
On March 29, 2023, staff members confirmed that the visitor policy was not posted within the home. This was remedied by the Licensee prior to the conclusion of the inspection. It was observed that the licensee had placed the 'Visitor Policy' on display in front of the main dining area on the main floor. There was no impact or risk to residents' safety as a result of the non-compliance.

**Sources:**
Observation of policy board on the main floor. Interview with staff.

**Date Remedy Implemented:**
March 30, 2023
[741521]

## WRITTEN NOTIFICATION: Plan Of Care

**NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**
Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure that the care set out in a resident’s plan of care was provided to the resident as specified in the plan.

**Rationale and Summary:**
The resident required two-person assist for transfers and toileting. Observation of the resident during the day shift showed staff member #126 took resident #009 to the washroom for toileting on their own. Subsequently, staff member #125 entered the washroom, and then staff member #126 left while the resident was still being toileted. After toileting the resident, staff member #125 assisted the resident and took them out from the washroom.

Staff indicated a two-person assist for transfers and toileting should have been provided to the resident as per their plan of care. If staff noticed the resident's physical capability had improved during care, the resident should have been reassessed, and their plan been revised when needed. The non-compliance

increased risk to resident's safety during care.

**Sources:**
Observation of staff; interviews with staff; review of resident's care plan and progress notes.
[565]

## WRITTEN NOTIFICATION: Doors in a home

**NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**
Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. i.

The licensee has failed to ensure that all doors that residents do not have access to were kept closed and locked.

**Rational and Summary:**
On March 20, 2023, on the seventh floor, the housekeeping storage room was found unlocked, during this time the staff member was cleaning the washrooms in the opposite area of the home. Staff acknowledged this door should have been kept locked and usually is and stated that leaving the door open could increase residents' risk of harm as due to contents within the room.

On March 20, 2023, a utility room on the seventh floor was found with the door unlocked with a piece of paper inserted within the door latch area. Staff members were not present in this area at this time. Inside this room was a biohazard container, an open garbage can with garbage inside, a small sink with filled 75% to the top with water, a bucket of cleaning solution without a lid, a sharps container, and other items. Staff confirmed this door was supposed to be locked, and stated there was a risk to residents due to the nature of the materials stored within.

Failure to ensure doors that should be restricted to residents are locked increases risk to resident safety due to access to chemicals and equipment stored within the rooms.

**Sources:**
Observations of utility room and housekeeping storage room on seventh floor; interviews with staff members; and review of policy 'Door Security' BS-0606-00 last revised 01-08-2015
[741521]

## WRITTEN NOTIFICATION: Windows

**NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 19

The licensee has failed to ensure that a window, in a resident room, that opened to the outdoors and was accessible to the resident could not be opened more than 15 centimeters.

**Rationale and Summary:**
On March 20, 2023, the window in a resident room on the third floor could be opened horizontally for approximately 35 centimeters. The window was opened to the outdoors, and it was accessible to the resident. Staff stated a stopper should have been installed to prevent it from opening more than 15 centimeters but that stopper was missing. Thus, resulting in risk to residents' safety.

**Sources:**
Observations; interview with staff.
[565]

## WRITTEN NOTIFICATION: Menu planning

**NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**
Non-compliance with: O. Reg. 246/22, s. 77 (5)

The licensee has failed to ensure that planned menu items were offered and available at each snack time.

**Rational and Summary:**
On March 23, 2023, staff members were observed serving snacks on the seventh floor, and asking residents if they wanted cookies and juice. No alternative snack option was provided or offered. Staff members confirmed that only cookies were being provided to residents unless they had special diet requirements where items were labelled for the resident. The homes menu for snack service stated assorted beverages, chocolate pudding, or mini muffins would be available to provide choices to residents. The homes policy FN-0208-00, states all food items on the menu be available to be served for all diets at the service time. Two residents within the home area stated they did not like the cookies, and were not offered a second option, thus did not receive a snack.

Failure to provide options or items specified on the menu cycle poses minimal risk to residents by reducing snack options, however, can lead to impaired nutrition for residents who refuse the snack.

**Sources:**

Observations of staff; interviews with residents and Staff; review of Castleview Wychwood Towers -2023 Toronto Senior Services and Long-Term Care Resident Menu, and policy FN-0208-00 'Distribution of Menu Items for Service' last revised 15-08-2021.
[741521]

**WRITTEN NOTIFICATION: Infection prevention and control program**

**NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that the infection prevention and control program complied with the standard or protocol issued by the Director with respect to infection prevention and control.

**Rationale and Summary:**
The home failed to ensure that staff followed routine precautions in accordance with the 'Infection Prevention and Control Standard for Long Term Care Homes' April 2022' (IPAC Standard). Specifically, additional requirement 9.1 (b) Hand hygiene, including, but not limited to, at the four moments of hand hygiene.

On March 20, 2023, staff member was observed coming out of a resident room without performing hand hygiene, and continued to walk through the hallway. The staff member stated that they were unaware of the four moment of hand hygiene and forgot to perform hand hygiene. The home's policy IC-0606-01, states that all staff shall perform hand hygiene according to the four moments at minimum.

Failure to perform hand hygiene during the four moments increases the risk of transmitting disease.

**Sources:**
Observations of staff; interviews with staff members; review of policy 'Hand Hygiene" IC-0606-01 last revised 01-06-2021, and 'Infection Prevention and Control Standard for Long Term Care Homes' last revised April 2022.
[741521]

## WRITTEN NOTIFICATION: Reports re critical incidents

**NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**
Non-compliance with: O. Reg. 246/22, s. 115 (1) 5.

The licensee has failed to ensure that the Director was immediately informed of an outbreak of a disease of public health significance.

**Rationale and Summary:**
The home was in a COVID-19, with an additional respiratory outbreak in February 2023, within different identified home areas. In March, due to additional confirmed COVID-19 cases on another floor, the public health unit declared a new COVID-19 outbreak on that floor. The new outbreak was not reported to the Director until the next business day.

**Sources:**
Critical Incident System report #M510-000011-23; interview with IPAC Lead.
[565]

## WRITTEN NOTIFICATION: Safe storage of drugs

**NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**
Non-compliance with: O. Reg. 246/22, s. 138 (1) (b)

The licensee has failed to ensure that controlled substances were stored in a separate locked area within the locked medication cart.

**Rational and Summary:**
On March 21, 2023, registered staff was observed administering medication to resident. It was observed that a controlled substance to be administered was not stored in the lock box. The homes' policy MM-0106-00 states that narcotics and controlled medications must be double locked. Registered staff acknowledged they should keep controlled substances double locked in the medication cart, and rarely left the cart unattended.

Failure to lock narcotics in a separate area within the medication cart may increase the risk of narcotic and controlled medication theft.

**Sources:**
Observations of medication administration and medication cart on fourth floor; record review of policy 'Narcotic and Controlled Medications' MM-0160-00 last revised Sept 2022; interview with staff members.
[741521]