

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Toronto District

5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Public Report

Report Issue Date: March 12, 2025

Inspection Number: 2025-1536-0002

Inspection Type:

Complaint
Critical Incident

Licensee: City of Toronto

Long Term Care Home and City: Castlevue Wychwood Towers, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 19, 20, 2025 and March 4, 5, 6, 7, 10, 11, 12, 2025

The inspection occurred offsite on the following date(s): March 3, 2025

The following Critical Incident (CI) intake(s) were inspected:

- Intake: #00137577 and Intake: #00138181, both related to skin and wound management;
- Intake: #00138793 and Intake: #00139484, both related to disease outbreaks and;
- Intake: #00139965 related to improper/incompetent treatment of a resident.

The following Complaint intake was inspected:

- Intake: #00138172 related to improper treatment of a resident and reporting certain matters to the Director.

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

Resident Care and Support Services

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Skin and Wound Prevention and Management
Infection Prevention and Control

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)

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary.

The licensee has failed to ensure that a resident's plan of care was reviewed and revised when their care needs changed related to a skin and wound intervention.

Sources: Resident observations, progress notes, written plan of care, interviews with a Personal Support Worker (PSW) and Registered Nurse (RN).

Date Remedy Implemented: March 7, 2025

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WRITTEN NOTIFICATION: PLAN OF CARE

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that care set out in two residents' plan of care were provided as specified in the plan, related to skin and wound.

i) A resident's intervention to manage their altered skin integrity was observed not to be in place as per the plan of care, and was confirmed by a RN.

Sources: Resident observation, Electronic Medication Administration Record (EMAR), and interviews with a RN and Director of Nursing (DON).

ii) Another resident's intervention for their altered skin integrity was observed not to be in place as required in their plan of care and was confirmed by a PSW and Registered Practical Nurse (RPN).

Sources: Resident observations, EMAR, and interviews with a PSW and RPN.

WRITTEN NOTIFICATION: PLAN OF CARE

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer

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necessary.

The licensee has failed to ensure that a resident's plan of care was revised when the intervention for daily completion of an assessment tool was no longer required.

Sources: A resident's plan of care and interview with the Behavioural Support Ontario (BSO) Lead.

WRITTEN NOTIFICATION: REPORTING CERTAIN MATTERS TO DIRECTOR

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 28 (1) 1.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that a suspicion of improper care of a resident by staff which resulted in a risk of harm to the resident was reported immediately to the Director.

Sources: CI report, staff's files and interview with the DON.

COMPLIANCE ORDER CO #001 SKIN AND WOUND CARE

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

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s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

**The inspector is ordering the licensee to comply with a Compliance Order
[FLTCA, 2021, s. 155 (1) (a)]:**

1. Provide re-education to all registered nursing staff assigned to one Resident Home Area (RHA), on the home's policies and procedures for conducting skin and wound assessments.
2. Maintain a record of the education; including the attendees, time and dates education was provided, who conducted the education and topics covered in the education.
3. Conduct weekly audits for four weeks on two residents, to determine if skin and wound assessments were completed weekly, and according to the home's policies and procedures.
4. Maintain a record of the audits; including who conducted the audits, time and dates the audits were conducted, resident and staff audited, any discrepancies noted, and any actions taken in response to the audit findings.

Grounds

The licensee has failed to ensure that two residents' areas of altered skin integrity were assessed weekly.

Two residents had areas of altered skin integrity which had deteriorated. Weekly

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assessments were not conducted consistently for both residents and was confirmed by a RN and Nurse Manager (NM).

Failure to complete weekly assessments for both residents placed the residents at risk of incomplete re-assessment and any required changes to treatments.

Sources: Assessments on two residents, Progress Notes, home's investigation notes, and interviews with a RN and NM.

This order must be complied with by April 24, 2025

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REVIEW/APEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP 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, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

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Director

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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.