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
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

# Public Report

**Report Issue Date:** April 29, 2025

**Inspection Number:** 2025-1536-0003

**Inspection Type:**
Complaint
Critical Incident
Follow up

**Licensee:** City of Toronto

**Long Term Care Home and City:** Castleview Wychwood Towers, Toronto

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 7-11, 14-17, 22, 24-25, and 28-29, 2025.

The following intakes were inspected:

- Intake: #00139962 - complaint related to multiple care concerns of a resident
- Intake: #00142341 - anonymous complaint related to an alleged resident neglect
- Intake: #00143992 - anonymous complaint related to staff to resident communication response
- Intake: #00142148/Critical Incident (CI) #M510-000021-25 - related to disease outbreak
- Intake: #00140484/CI #M510-000012-25 - related to resident financial abuse
- Intake: #00143100/CI #M510-000022-25 - related to a missing resident
- Intake: #00143118/CI #M510-000023-25 - related to a fall with injury
- Intake: #00142245 - Follow-up Inspection Compliance Order (CO) #001 - related to O. Reg. 246/22 s. 55 (2) (b) (iv), Compliance Due Date (CDD) April 24, 2025

The following intakes were completed:

- Intake: #00140680/CI #M510-000013-25 and Intake: #00141630/CI #M510-000017-25 - were related disease outbreaks
- Intake: #00141702/CI #M510-000018-25 - related to a fall with injury

## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2025-1536-0002 related to O. Reg. 246/22, s. 55 (2) (b) (iv)

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Falls 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)

**Non-compliance with: FLTCA, 2021, s. 3 (1) 19. iv.**
Residents' Bill of Rights
s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
19. Every resident has the right to,
iv. have their 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 their records of personal health information, including their plan of care, in accordance with that Act.

The licensee has failed to ensure that a resident's rights to have their personal health information (PHI) within the meaning of the Personal Health Information Protection Act, 2004, kept confidential was respected. A resident's PHI was posted outside of their room. The PHI was removed the following day after it was brought to the home's attention.

**Sources:** Resident Home Area (RHA) observations.
Date Remedy Implemented: April 10, 2025

## 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 the care set out in a resident's plan of care was provided to the resident as specified in the plan. A resident's plan of care indicated that they required a specific number of staff for assistance. A staff was observed assisting the resident independently.

**Sources:** RHA observations, a resident's clinical records and staff interview.

## WRITTEN NOTIFICATION: REQUIRED PROGRAMS

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.**
Required programs
s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee has failed to ensure that a resident's falls prevention and management program was implemented when a specific fall intervention equipment was observed not in place and an identified personal equipment were found inside their room.

**Sources:** RHA observations, a resident's clinical records and staff interview.

## COMPLIANCE ORDER CO #001 NURSING AND PERSONAL SUPPORT SERVICES

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
**Non-compliance with: FLTCA, 2021, s. 11 (1) (b)**
Nursing and personal support services
s. 11 (1) Every licensee of a long-term care home shall ensure that there is,
(b) an organized program of personal support services for the home to meet the assessed needs of the residents.

**The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with FLTCA, 2021, s. 11 (1) (b) [FLTCA, 2021, s. 155 (1)**

**(b)]:**
The plan must include but is not limited to:
1) Re-educate all nursing staff in a specified RHA including Registered Nurse In Charge (RNIC) on the home's Call Bell Response Guidelines including but not limited to how to properly use and reset numeric pagers.
2) Maintain documentation of education for all nursing staff in a specified RHA which includes the content, the date education was completed, the individual(s) who provided the education, and the signed staff attendance.
3) Develop and implement an audit tool to ensure all nursing staff in a specified RHA and RNICs are in compliance with the home's Call Bell Response Guideline. The audits should be random minimum three times a week for each shift.
4) Audit tool should be documented to indicate, name of staff audited, date and time of audit, location of call bell being tested, person who completed the audit and any corrective action taken.
5) The plan should include identified staff roles and responsibilities, and a timeline is to be established for the implementation of each component mentioned above within the compliance due date. Retain all records until the Ministry of Long Term Care (MLTC) has deemed this order has been complied with.

Please submit the written plan for achieving compliance for inspection #2025-1536-0003 to MLTC, by email to torontodistrict.mltc@ontario.ca by May 12, 2025.

Please ensure that the submitted written plan does not contain any PI/PHI.

**Grounds**
The licensee has failed to comply with the home's Call Bell Response Guideline for identified residents in a specified RHA. Specifically the home's nursing and personal support services program directing staff to: respond to an activated call as soon as possible, if staff cannot provide immediate care, they are to notify the residents; deactivate the call after going to the source; pick up their assigned pagers at the beginning of their shift, ensure their pagers are functional before starting their

work and carry their assigned pagers as per the home's policy.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for nursing and personal support service related to call bell use were complied with.

Specifically, the home's call bell response guidelines were not complied when:
i) Staff assigned in a specified RHA did not notify identified residents that immediate care cannot be provided and attended to their call after an identified amount time. A resident stated that they would yell and scream enough to lose their voice before staff would respond to their call.
ii) Residents call bell alerts were not deactivated after an observed time lapse as indicated in the Nurse Call Display in RNIC office and in a specified RHA.
iii) Staff assigned to identified residents were observed not carrying their pagers during their shift. A resident stated there were no staff during the night shifts.
iv) A staff was assigned a numeric pager that was observed not working. Two unassigned non-working numeric pagers were observed in a specified RHA that were not tagged or identified. There were no available documentation that service records were submitted for the two non-working pagers.

**Sources:** RHA Observations, home's policy (RC-0404-00 Call Bell Response Guideline, published January 7, 2025), Communication Book (RHA) and staff interviews.

v) A staff indicated that on a recent shift, their assigned numeric pager would not beep or vibrate. Another staff indicated they were testing a second assigned numeric pager and found that it did not receive a call bell alert. After finding the third numeric pager in working order, they indicated a general concern that the numeric pagers in the home needed to be updated, and that often they did not work. A registered staff tested six numeric pagers and one was observed not working. The registered staff indicated that non-working pagers should have been

removed from the RHA to be repaired or replaced.

There was a potential for injury and delayed provision of resident care when staff assigned to identified residents failed to follow the home's communication response guidelines.

**Sources:** RHA observations and staff interviews.

**This order must be complied with by** June 25, 2025

## COMPLIANCE ORDER CO #002 COMMUNICATION AND RESPONSE SYSTEM

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
**Non-compliance with: O. Reg. 246/22, s. 20 (a)**
Communication and response system
s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**
1) Conduct random audits three times a week for each shift for a period of three weeks to ensure identified residents has access to their call bells at all times.
2) Keep a documented record of the audits completed, including the name of the person who completed the audit, name and room number of resident, date and time of audits, any corrective measures taken to correct the issue.
3) Maintain a documented record of the audits completed and make available to Inspectors, upon request.

**Grounds**
The licensee has failed to ensure that identified residents had access to their call bells.

i) A resident was observed not having access to their call bell which was pinned on their bedsheet while they were sitting in their wheelchair.

**Sources:** RHA observations and staff interview.

ii) Identified residents were observed with their call bells behind their nightstand drawers while in bed. Another resident was observed with their call bell cord out of their reach while in bed.

The residents care plans indicated they required access to call bell as falls prevention intervention. All residents were identified as capable of using their call bells.

There was a risk of injury and potential delayed assistance when identified residents had no immediate access to their call bells.

**Sources:** RHA observations, residents clinical records, home's List of Residents who Use Call Bells at night and staff interviews.

**This order must be complied with by** June 13, 2025

## REVIEW/APPEAL 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

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

**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

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.