



**Inspection Report  
under the Long-Term  
Care Homes Act, 2007**

**Rapport d'inspection  
prevue 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

Toronto Service Area Office  
55 St. Clair Avenue West, 8<sup>th</sup> Floor

Bureau régional de services de Toronto  
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**Ministère de la Santé et des Soins de  
longue durée**

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Division de la responsabilisation et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
conformité

Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
October 5 & 6, 2010	2010_101_9510_05Oct 100709 2010_113_9510_05Oct 111507	Follow-up (Log # T-0789)
<b>Licensee/Titulaire</b> Toronto Long-Term Care Homes and Services, 55 John Street, Toronto, ON M5V 3C6  <b>Long-Term Care Home/Foyer de soins de longue durée</b> Castlerview Wychwood Towers, 351 Christie Street, Toronto, ON M6G 3C3  <b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Jane Carruthers (113) and Amanda Williams(101)		
<b>Inspection Summary/Sommaire d'inspection</b>		
The purpose of this inspection was to conduct a follow-up inspection following the 2009 Annual Review where the following unmet criteria were issued at the time under the Program Standards and Criteria Manual: M3.3 M3.23 O3.1  During the course of the inspection, the inspectors spoke with: The Administrator, Assistant Administrator, Building Services Manager, Personal Support Workers (PSWs), housekeeping staff and registered nursing staff.  During the course of the inspection, the inspectors: conducted an inspection of resident home areas, resident rooms and communal bathing areas.  The following Inspection Protocols were used during this inspection: Accommodation- Housekeeping Infection Prevention and Control Safe and Secure  <input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:  7 WN 2 VPC 1 CO: CO # 001		



**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  
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'exigences 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 LTCHA 2007, S.O. 2007, c.8, s.15(2)(a). Every licensee of a long-term care home shall ensure that,  
**(a) the home, furnishings and equipment are kept clean and sanitary;**

**Findings:**

1. Dining room chairs and staff feeder stools in the 3rd, 4th and 7th floor dining rooms are soiled with dried spills, food and debris.
2. Soiled and stained resident lounge and sofa chairs in the following areas:
  - 5C, 4W, 4C, and 3W lounges and common areas
  - soiled sofa outside of room 405C
  - Two resident rooms had soiled and stained resident personal lounge chairs present
3. Heavily soiled bases of a sit to stand lifts that were stored in the following areas:
  - outside of room 304C and 311C on October 5, 2010
4. A soiled weight scale stored in hallway in unit 3W
5. Soiled sides and mesh back of a PVC walker stored in the hallway of unit 3W
6. Soiled and discolored call bell strings in public "washrooms #5 and #6" in unit 2C.
7. Soiled privacy curtain at the entrance of "washroom #4" in unit 4C
8. Soiled resident wheelchair seat cushions in the following areas:
  - unclaimed resident wheelchair located in the hallway outside of room 403W
  - Three identified resident wheelchairs
9. A heavy dirt and wax build-up on floor surfaces in identified resident bedrooms
10. On October 6, 2010, the 4<sup>th</sup> floor dining room floor was soiled with crumbs and debris after housekeeping had mopped the surface.
11. On October 6, 2010, the 5W TV lounge had crumbs and debris under lounge furniture.

Inspector ID #: 113 & 101

**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 all resident furniture, including dining room furniture in the areas identified above, is kept clean and sanitary. This plan is to be implemented voluntarily.



**WN #2:** The Licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s.15(2)(c). Every licensee of a long-term care home shall ensure that,  
**(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

**Findings:**

1. Handrails in the following areas were split at the seam and not securely fastened to the wall making them loose and unstable:
  - at the entrance of Washroom #3 in unit 4W
  - at the entrance Washroom #3 in unit 4C
2. Cracked and lifted one piece flooring in room 304C
3. Chipped and scratched wooden legs of lounge and sofa chairs in the following common areas:
  - 3C, 3W, 4C, 4W, 6C
4. Soap dispensers were relocated in resident washrooms in unit 2W leaving the previous area on the wall unpatched.
5. Chipped and cracked flooring at the threshold of resident washroom 207W
6. Cracked and lifting flooring in a communal shower stall in "washroom #4" in unit 4W

**Inspector ID #:** 113 & 101

**Additional Required Actions:**

None

**WN #3:** The Licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s. 3(1)1. Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

**(1) Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.**

**Findings:**

1. Soiled incontinent products in clear plastic bags were stored in hallways in resident home areas throughout the Home.
2. On October 6, 2010, a soiled linen cart stored outside of "washroom #1" in unit 4W had a ripped and damaged clear plastic bag with soiled incontinent products falling out of the bottom.

**Inspector ID #:** 113 & 101

**Additional Required Actions:**

None

**WN #4:** The Licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.  
**2007, c. 8, s. 5.**

**Findings:**

1. On October 6, 2010 in unit 4W an electrical cord was stretched across the hallway creating a trip hazard. Residents were present in the area at the time and the area was unattended and not monitored by staff.

**Inspector ID #:** 113 & 101



**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 the home is a safe and secure environment for its residents while electrical equipment is being used in resident home areas. This plan is to be implemented voluntarily.

**WN #5:** The Licensee has failed to comply with O. Reg 79/10 s. 229(4). The licensee shall ensure that all staff participate in the implementation of the program.

**Findings:**

1. Housekeeping staff who were interviewed did not use cleaning and disinfecting products on resident rooms, bathrooms and common areas for daily clean.
2. Cleaning and disinfecting chemicals were not readily available to staff. Staff interviewed were unable to locate cleaning and disinfecting supplies prior to and following bathing of residents in communal shower/tub rooms on October 6, 2010.

Inspector ID #: 113 & 101

**Additional Required Actions:**

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

**WN #6:** The Licensee has failed to comply with O. Reg 79/10 s. 87(2)(b). As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,  
**(b) cleaning and disinfection of resident care equipment, such as whirlpools, tubs, shower chairs, and lift chairs and supplies and devices, including personal assistance services devices, assistive aids, and positioning aids and contact surfaces, using hospital grade disinfectant and in accordance with manufacturer's specifications;**

**Findings:**

1. On October 6, 2010, staff interviewed were unable to locate cleaning and disinfection chemicals for use in communal shower rooms.
2. The home's policy and procedure for the disinfecting and storage of chemical supplies was not followed.

Inspector ID #: 113 & 101

**Additional Required Actions:**

None

**WN #7:** The Licensee has failed to comply with O. Reg 79/10 s. 87(3). The licensee shall ensure that a sufficient supply of housekeeping equipment and cleaning supplies is readily available to all staff at the home.

**Findings:**

1. On October 6, 2010, cleaning and disinfecting supplies were not readily available to nursing staff to clean and disinfectant personal care equipment between resident use (i.e. commode and shower chairs). Staff interviewed were unable to locate the product.



Inspector ID #:	113 & 101
Additional Required Actions:	
None	

Signature of Licensee or Representative of Licensee Signature du Titulaire du 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.
<i>Vija Mallia</i>	<i>Paul Cawthors (113)</i>
Title: <i>Administrator</i> Date: <i>October 12, 2010</i>	October 12, 2010 Date of Report (if different from date(s) of inspection).



## Order(s) 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	<input checked="" type="checkbox"/> Public Copy/Copie Public
<b>Name of Inspectors:</b>	Amanda Williams Jane Carruthers	<b>Inspector ID #</b> 101 113
<b>Log #:</b>	T-0789	
<b>Inspection Report #:</b>	2010_101_9510_05Oct100709 2010_113_9510_05Oct111507	
<b>Type of Inspection:</b>	Follow up	
<b>Date of Inspection:</b>	October 5,6, 2010	
<b>Licensee:</b>	Toronto Long-Term Care Homes and Services, 55 John Street, Toronto, ON M5V 3C6	
<b>LTC Home:</b>	Castleview Wychwood Towers, 351 Christie Street, Toronto, ON M6G 3C3	
<b>Name of Administrator:</b>	Vija Mallia	

To, Toronto Long-Term Care Homes and Services, you are hereby required to comply with the following order by the date set out below:

<b>Order #:</b>	001	<b>Order Type:</b>	Compliance Order, Section 153 (1)(a)
<b>Pursuant to:</b> O. Reg 79/10 s. 229(4). The licensee shall ensure that all staff participate in the implementation of the program.			
<b>Order:</b>			
<ol style="list-style-type: none"> <li>The licensee shall educate and monitor all staff on cleaning and disinfecting practices for high contact surfaces and shared personal equipment i.e. shower chairs and commodes.</li> <li>The licensee shall ensure that disinfecting products are readily available to staff at all times.</li> </ol>			
<b>Grounds:</b>			
<ol style="list-style-type: none"> <li>On October 6, 2010, nursing staff interviewed were unable to locate cleaning and disinfection chemicals for use between residents in communal shower rooms.</li> <li>The home's policy and procedure for disinfecting and storage of chemical supplies was not followed.</li> <li>Housekeeping staff who were interviewed did not use cleaning and disinfecting products on resident rooms, bathrooms and common areas for daily clean.</li> </ol>			
<b>This order must be complied with by:</b>		November 30, 2010	



**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/APEAL 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, 8<sup>th</sup> 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, 8<sup>th</sup> 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](http://www.hsarb.on.ca).

Issued on this 12 day of October, 2010.	
Signature of Inspector:	
Name of Inspector:	Amanda Williams (101) Jane Carruthers (113)
Service Area Office:	Toronto Service Area