

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: May 6, 2026
Inspection Number: 2026-1536-0004
Inspection Type: Proactive Compliance Inspection
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 30, 2026 and May 1, 4, 6, 2026

The inspection occurred offsite on the following date(s): May 5, 2026

The following intake(s) were inspected:

- Intake #00177209 - Proactive Compliance Inspection

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

Skin and Wound Prevention and Management
Safe and Secure Home

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 (1) (a)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan

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of care for each resident that sets out,
(a) the planned care for the resident;

A resident used offloading device as one of their skin and wound care interventions. The use of this device was not stated in their plan of care. The resident's plan of care was updated at a later date to include this intervention.

Sources: Observation, resident's clinical records and interviews with staff.
Date Remedy Implemented: May 2, 2026

WRITTEN NOTIFICATION: Nursing and personal support services

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

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 Home's "Call Bell Response Guideline," part of the nursing and personal support services program, required staff to pick up their assigned pagers at the start of each shift, ensure they were functional, and carry them during their shift. During an observation, one assigned numeric pager was observed to be non-functional, and another staff member was observed not carrying their assigned pager during their shift.

Sources: Observation, home's policy, interviews with staff

WRITTEN NOTIFICATION: Doors in a home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

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During an observation, a door leading to a non-residential area was found unlocked and unsupervised. Appliances such as toaster oven, microwave, and refrigerator containing various textured foods and fluids were easily accessible to residents.

Sources: Observation, interview with staff.

WRITTEN NOTIFICATION: Bed rails

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

Non-compliance with: O. Reg. 246/22, s. 18 (1) (a)

Bed rails

s. 18 (1) Every licensee of a long-term care home shall ensure that where bed rails are used,

(a) the resident is assessed and the resident's bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;

A resident had bed rails installed; however, resident assessment had not been completed as required by the home's policy.

Sources: Observation, resident's clinical records of resident, home's policy, interview with staff.

WRITTEN NOTIFICATION: Skin and wound care

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

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

Skin and wound care

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 an authorized person described in subsection (2.1), if clinically indicated;

A resident had several areas of altered skin integrity; however, weekly wound assessments were not completed on multiple dates as required.



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Sources: Resident's clinical records, interviews with staff.



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