



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 28, 2014	2014_254515_0006	L-000180- 14, L- 000181-14	Critical Incident System

Licensee/Titulaire de permis

DEVONSHIRE ERIN MILLS INC.
195 DUFFERIN AVENUE, SUITE 800, LONDON, ON, N6A-1K7

Long-Term Care Home/Foyer de soins de longue durée

WESTMOUNT GARDENS LONG TERM CARE HOME
590 Longworth Road, LONDON, ON, N6K-4X9

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

RAE MARTIN (515)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): March 25 and 26, 2014.

This inspection included L-000180-14, L-000181-14, L-000182-14, L-000183-14 and done concurrently with Follow up inspection L-000190-14 and inspections completed by Inspector 523.

During the course of the inspection, the inspector(s) spoke with the Administrator, Associate Director of Care, Recreation Manager, a Registered Practical Nurse, 4 Personal Support Workers, a Life Enrichment staff and 7 Residents.

During the course of the inspection, the inspector(s) toured four home areas, reviewed health records and plans of care for identified residents, resident/staff interactions, care provided to residents and reviewed policies and procedures of the home.

**The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation**

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that a policy and procedure is complied with as evidenced by:

A review of policy #LE 05-22: Resident Outings - Date: September 12, 2012, indicates:

Policy: Consent is required to participate in the outings from the resident or the POA/SDM. An Outing Risk Assessment Form is completed within 6 weeks of admission to the home or prior to the first outing.

Procedure: Outing Risk Form

- #1. Complete the outing risk assessment form
- #2. Complete progress note in PCC
- #3. Update resident care plan accordingly
- #4. Place outing risk assessment form in the resident chart under LE section

An identified resident went on an outing and was discovered missing.

Review of the resident's clinical record revealed there was no completed risk assessment on file in the chart.

A staff member confirmed that a risk assessment was not done on the resident.

The Recreation Manager confirmed the expectation that staff comply with the policy and procedure. [s. 8. (1) (b)]

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 that the policy and procedure on resident outings is complied with, to be implemented voluntarily.



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Issued on this 28th day of March, 2014

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

RAE MARTIN