



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

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

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

**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  
performance et de la conformité**

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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 10, 2015	2015_297558_0011	T-1237-14	Complaint

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### **Licensee/Titulaire de permis**

TORONTO LONG-TERM CARE HOMES AND SERVICES  
55 JOHN STREET METRO HALL, 11th FLOOR TORONTO ON M5V 3C6

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

WESBURN MANOR  
400 The West Mall ETOBICOKE ON M9C 5S1

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

BARBARA PARISOTTO (558), CECILIA FULTON (618)

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## **Inspection Summary/Résumé de l'inspection**

**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): June 23, 24, 26, 2015.**

**During the course of the inspection, the inspector(s) spoke with the administrator, the director of care (DOC), a nurse manager, registered practical nurses (RPN), personal care aides (PCA), residents and family members.**

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



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**Accommodation Services - Housekeeping  
Contenance Care and Bowel Management  
Medication  
Personal Support Services  
Reporting and Complaints**

**During the course of this inspection, Non-Compliances were issued.**

**3 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**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
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 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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints**



**Specifically failed to comply with the following:**

**s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:**

**3. A response shall be made to the person who made the complaint, indicating,**  
**i. what the licensee has done to resolve the complaint, or**  
**ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).**

**s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,**

**(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).**

**(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).**

**(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).**

**(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).**

**(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).**

**(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that for every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home, a response was made to the person who made the complaint.

On an identified date a letter of complaint was emailed to staff #107 regarding the provision of personal care to resident #001. Four days later an acknowledgment email was sent by staff #107 to the complainant indicating a response will be provided. An interview with the complainant revealed a response following the acknowledgment email was not received.

Interview with staff #107 confirmed a response was not made to the complainant. [s. 101. (1) 3.]

2. The licensee failed to ensure that a documented record is kept in the home that includes:

- (a) the nature of each verbal or written complaint
- (b) the date the complaint was received
- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required
- (d) the final resolution, if any
- (e) every date on which any response was provided to the complainant and a description of the response, and
- (f) any response made by the complainant.

A.) A review of the home's Complaints Management System Log for 2014 revealed a concern received on an identified date regarding the personal care of resident #001. The log did not include the type of action taken to resolve the concern, the final resolution, if any, the date on which any response was provided to the complainant and a description of the response and any response made by the complainant.

B.) A review of the home's Complaints Management System Log for 2015 did not include a letter of complaint received by staff #107 on another identified date.

An interview with the administrator confirmed a documented record of the identified complaints were not kept in the home. [s. 101. (2)]



***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 a documented record is kept in the home that includes:***

- (a) the nature of each verbal or written complaint***
- (b) the date the complaint was received***
- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required***
- (d) the final resolution, if any***
- (e) every date on which any response was provided to the complainant and a description of the response, and***
- (f) any response made by the complainant, to be implemented voluntarily.***

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**WN #2: 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 failed to ensure that 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, is complied with.

A review of the home's policy Managing and Reporting Complaints published 01-09-2014 indicates in step fourteen of the procedure to respond to each written complaint in writing, indicating resolution of the complaint; if the complaint is unfounded, explain the reasons why and document.

A.) On an identified date a letter was emailed to staff #107 regarding the provision of personal care to resident #001. An acknowledgment email by staff #107 was sent to the complainant four days later and indicated a response to the letter would be provided.

B.) On another identified date, a letter was emailed to staff #106 and #107 regarding the assessment of an injury sustained by resident #001. An acknowledgment email by staff #107 was sent to the complainant on the same date and indicated a follow up to the letter would be provided after the physician's assessment of the resident.

A record review and interviews with staff #106 and #107 confirmed a written response was not provided to the complainant for the above mentioned written complaints. [s. 8. (1) (b)]

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 232. Every licensee of a long-term care home shall ensure that the records of the residents of the home are kept at the home. O. Reg. 79/10, s. 232.**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the records of the residents of the home are kept at the home.

During the course of this inspection, the inspector was unable to locate the Medication Administration Record (MAR) for resident #001 for the months of August and September 2014.

Interview with staff #102, revealed the records should be located under the Nursing Data Tab of the resident's chart. The staff indicated that all MARs in the chart, starting with the earliest dated one up to the present record, should be filed in the chart.

Interview with staff #105 confirmed that the records should be located under the Nursing Data Tab of the resident's chart and that an extensive search of the facility was conducted and were unable to locate the above mentioned MARs. [s. 232.]

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**Issued on this 18th day of August, 2015**

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

**Original report signed by the inspector.**