



**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**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 20, 2017	2017_486653_0010	005624-17	Complaint

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**Licensee/Titulaire de permis**

City of Toronto  
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**

ROMELA VILLASPIR (653)

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

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

**This inspection was conducted on the following date(s): May 10, 11, 12, and 16, 2017.**

**During the course of the inspection, the inspector observed personal care and reviewed the resident's health records, staff schedule, staff training records, and relevant policies and procedures.**

**During the course of the inspection, the inspector(s) spoke with resident #001 and his/her Substitute Decision-Maker (SDM), Personal Care Aides (PCAs), Registered Practical Nurses (RPNs), Physiotherapist (PT), Supervisor for Administrative Services, and the Director of Care.**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management**

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

**3 WN(s)**

**3 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

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

**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. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.



The Ministry of Health and Long-Term Care (MOHLTC) received a complaint on an identified date, related to the care of resident #001.

The complainant's concern was as follows:

-The home did not have the proper equipment to provide identified care to the resident.

Review of resident #001's progress note on an identified date, revealed the Physiotherapist (PT)'s note indicating that the current identified equipment being used by the resident was the most appropriate for the resident to use during the provision of this identified care.

Interview with the PT stated his/her final recommendation for resident #001 was to use the identified equipment. The PCAs requested a different piece of equipment but it did not provide the support that the resident required.

Review of resident #001's written plan of care last updated on an identified date, indicated how the identified care was to be provided to the resident.

During an observation on an identified date, in the resident's bedroom, Personal Care Aides (PCAs) #100 and #101 were observed to provide the identified care to resident #001. The staff were observed using an identified piece of equipment contrary to that recommended by the PT. Care was provided contrary to the written plan of care.

Following the above-mentioned observation, interview with PCA #100 revealed he/she only worked part-time and was not familiar with the identified provision of care for resident #001 during the day. He/ she further indicated that PCA #101 told him/her that the resident was supposed to use the alternate piece of equipment, as the home did not have the different piece of equipment that the PCAs requested. PCA #100 acknowledged that he/she did not provide care to resident #001 as specified in the plan. Interview with Registered Practical Nurse (RPN) #106 stated that resident #001 was to be provided care using an identified piece of equipment.

Interview with the Director of Care (DOC) acknowledged the above-mentioned observation and stated that the home's expectation was for staff to follow the resident's plan of care when providing the care to the resident. [s. 6. (7)]



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***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 care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management**

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

**s. 51. (2) Every licensee of a long-term care home shall ensure that, (e) continence care products are not used as an alternative to providing assistance to a person to toilet; O. Reg. 79/10, s. 51 (2).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that continence care products were not used as an alternative to providing assistance to toilet.

The MOHLTC received a complaint on an identified date, related to the care of resident #001.

The complainant's concern was as follows:

-The home did not have the proper equipment to provide identified care to the resident.

During an observation on an identified date, in the resident's bedroom, PCAs #100 and #101 were observed to provide the identified care to resident #001. The staff were observed using an identified piece of equipment contrary to that recommended by the PT. Care was provided contrary to the written plan of care.

Review of resident #001's progress note on an identified date, revealed the PT's note indicating that the current identified equipment being used by the resident was the most appropriate for the resident to use during the provision of this identified care.

Interview with the PT stated his/her final recommendation for resident #001 was to use the identified equipment. The PCAs requested a different piece of equipment but it did not provide the support that the resident required.

Interview with PCA #101 stated that it had been two to three months that the resident had not received the identified provision of care as per the written plan of care. The PCA further indicated that they did not have the different piece of equipment the PCAs have requested, so they have been using an identified piece of equipment contrary to that recommended by the PT and contrary to the written plan of care.

Interview with the DOC acknowledged the above-mentioned observation and stated that the home's expectation was for staff to assist resident #001 as per the plan of care. [s. 51. (2) (e)]



***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 continence care products are not used as an alternative to providing assistance to a person to toilet, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff**

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

**s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:**

**3. Continence care and bowel management. O. Reg. 79/10, s. 221 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that training was provided related to continence care and bowel management to all staff who provided direct care to residents on either an annual basis, or based on the staff's assessed training needs.

A review of the home's training records for continence care and bowel management in 2016, indicated that 9 out of 144 direct care staff were not trained. Interview with the Supervisor for Administrative Services confirmed that 9 out of 144 direct care staff were not provided training on continence care and bowel management in 2016. [s. 221. (1) 3.]



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***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 all staff who provide direct care to residents receive training in continence care and bowel management on either an annual basis, or based on the staff's assessed training needs, to be implemented voluntarily.***

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Issued on this 21st day of June, 2017

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

**Original report signed by the inspector.**