



**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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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 2, 2017	2017_705109_0001	016073-17	Complaint

Licensee/Titulaire de permis

City of Toronto
55 JOHN STREET METRO HALL, 11th FLOOR TORONTO ON M5V 3C6

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

WESBURN MANOR
400 The West Mall ETOBICOKE ON M9C 5S1

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

SUSAN SQUIRES (109)

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): September 21, 26, October 5, 16, 2017.

During the course of the inspection, the inspector(s) spoke with the Administrator, Manager of Resident Services, Director of Placement Services and the Substitute Decision Maker (SDM) for resident #001.

Ad-hoc notes were used during this inspection.



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

- 1 WN(s)
- 0 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. 44. Authorization for admission to a home

Specifically failed to comply with the following:

s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,

(a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).

(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).

(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).

s. 44. (10) The persons referred to in subsection (9) are the following:

1. The applicant. 2007, c. 8, s. 44. (10).

2. The Director. 2007, c. 8, s. 44. (10).

3. The appropriate placement co-ordinator. 2007, c. 8, s. 44. (10).

Findings/Faits saillants :

1. The licensee failed to take into account and approve the applicant's admission to the home based upon assessments and information that were provided to the home by the placement co-ordinator unless as specified by this legislation.

This inspection is in response to a complaint received from the Director of Placement concerning the rejection of resident #001 to Wesburn Manor. The Director of Placement alleged that the home did not provide a reason for rejection of resident #001's application which met with this legislative reference.

Review of the letter of acceptance, acknowledged resident #001's application had been accepted by the licensee and that he/she would be placed on the home's wait list. The acceptance letter invited the resident to the home for a tour.

During the interview, resident #001's SDM stated that he/she received a letter from the



licensee, accepting the resident's application to the home. On a specified date, the resident was offered a bed at Wesburn Manor which was accepted. Resident #001 was to move into the home two days later. However, on the day after the bed offer was accepted, the SDM was contacted by the placement coordinator who advised him/her that there was an issue related to resident #001's behaviours and the bed offer had been rejected.

Review of the letter of rejection from Wesburn Manor, to resident #001 stated the home was rejecting the residents application for admission. The letter goes on to say that the environment of a Long Term Care facility may pose a challenge for the resident by increasing his/her responsive behaviours. Further to this, the letter states that the home does not have the resources to meet the care needs as the staff were not able to manage the behavioural outbursts and complexities.

Record review of the placement application includes a consultation report for responsive behaviour completed by a doctor while the resident was still in the hospital. The report indicated that there was an episode of responsive behaviour in the morning in response to the staff at the hospital attempting to complete a clinical procedure. The report also states that while a change in environment and staff may result in responsive behaviours for this resident, the doctor stated that there was no reason to stop the discharge.

During an interview staff member #100 stated that the home has both a secured unit and a behavioural support program for the home in accordance with evidence based practices or prevailing practices to manage responsive behaviours.

Record review of the application for admission indicated resident #001 has responsive behaviours. According to the application, the resident was also assessed by the Behavioural Support Transition Resource Team and strategies that had been implemented were assessed to be effective with a positive outcome for the resident. Triggers were identified and strategies were successfully implemented.

The home had already accepted the resident into their care after reviewing the application supplied by the placement coordinator. The hospital staff and psychiatrist determined the resident was safe for discharge to the home, and the resident was in the process of moving to the home when the home rejected him/her. Based upon the review of the application for admission, the interview with placement management and the management at Wesburn Manor, non-compliance is issued because licensee did not meet legislative requirements for rejection of the application for admission to the home.



[s. 44. (7)]

2. The licensee failed to ensure that after withholding approval for admission, the licensee must give the Director written notice setting out the grounds on which the licensee is withholding approval, a detailed explanation of the supporting facts, as they relate to both the home and to the applicant's condition, and an explanation of how the supporting facts justify the decision to withhold approval, and the contact information for the Director.

Review of a copy of the rejection letter for resident #001 does not indicate that the Director was provided with written notice of the rejection.

Review of Ministry of Health records did not find a copy of the rejection letter to resident #001.

Interview with the Manager of Resident services staff #101 confirmed that a copy of the letter was not forwarded to the Director as required in this legislative reference [s. 44. (10) 2.]

Issued on this 3rd day of November, 2017

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

Original report signed by the inspector.