Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

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Amended Public Copy/Copie modifiée du rapport public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Jul 27, 2021	2021_766500_0021 (A1)	005471-21	Complaint

Licensee/Titulaire de permis

City of Toronto
Seniors Services and Long-Term Care (Union Station) c/o 55 John Street 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

Amended by NITAL SHETH (500) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

Amendment opened in error. Error made relating to inspection dates: This inspection was conducted on the following date(s): July 14, 15, 16, 19, 20, 21, 2021.

Issued on this 27th day of July, 2021 (A1)

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

Original report signed by the inspector.

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Amended 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): July 14, 15, 16, 19, 20, 21, 2021.

The following intakes were inspected during this inspection:

- Intake #005471-2 related to an identified care areas.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Supervisor-Building Services, Nurse Manager, Registered Staff, Personal Support Workers (PSWs).

During the course of the inspection, the inspector observed residents' care areas, reviewed residents' and home's records, the home's heat related illness prevention and management program, and observed Infection Prevention and Control (IPAC) Practices.

The following Inspection Protocols were used during this inspection:
Skin and Wound Care

During the course of the original 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	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende 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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.) 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).
2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).
3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).

Findings/Faits saillants :

1. The licensee has failed to ensure that the following was documented: the provision of the care set out in the plan of care.

The Ministry of Long-term Care (MLTC) received a complaint related to a resident’s concern related to an identified care.

The plan of care for the resident, directed the staff to provide an identified care to the resident.

The identified care record for the resident had missing documentation for seven days.

Staff Interviews indicated that they were required to document the resident’s provision of an identified care in the Point of Care (POC).

Sources: Care plan, POC record, Interviews with Substitute Decision Maker (SDM), RN #105 and others. [s. 6. (9) 1.]

Issued on this 27th day of July, 2021 (A1)

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

Original report signed by the inspector.