Ontario

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
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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
Jan 23, 2013	2012_102116_0045	T1640-12	Complaint

Licensee/Titulaire de permis

TORONTO LONG-TERM CARE HOMES AND SERVICES
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

SARAN DANIEL-DODD (116)

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): December 13, 18, 19, 21, 24, 2012 (LTCH), January 11, 14, 18, 24, 2013 (Report Writing)

T1640-12
During this inspection non compliance was identified related to LTCHA. s.76(4). Please refer to Log# T876-12, inspection# 2012_102116_0042.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, a resident, staff members from both recreational and nursing services.

During the course of the inspection, the inspector(s) reviewed the homes continence care management policy and inventory and reviewed the health record of a resident.

The following Inspection Protocols were used during this inspection:
Recreation and Social Activities

Training and Orientation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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. 17. Communication and response system

Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).
(b) is on at all times; O. Reg. 79/10, s. 17 (1).
(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).
(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).
(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).
(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the home is equipped with a resident- staff communication and response system that, can be accessed and used by residents at all times.

- Resident #1 is totally dependent on staff for transfers and experienced a decline in ability to perform activities of daily living (ADL's). Resident #1 is socially isolated by choice and spends a fair bit of time within the bedroom.
- During the inspection, the inspector observed the call bell to be placed upon the resident's bed while the resident was seated in wheelchair. The resident's right side is paralyzed and was closest to the bed. The resident indicated and demonstrated to the inspector that they were unable to access the call bell and that this occurs frequently.
- An interview was held with the assigned personal support worker (PSW) regarding the accessibility of the resident's call bell. The PSW confirmed the call bell is to be placed under the resident's unaffected arm whenever seated in a wheelchair. The PSW confirmed the resident would not be able to access the call bell if not placed under the resident's unaffected arm. [s. 17. (1) (a)].

Issued on this 28th day of January, 2013

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