

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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Original Public Report

Report Issue Date: May 23, 2023	
Inspection Number: 2023-1333-0003	
Inspection Type: Proactive Compliance Inspection	
Licensee: West Park Healthcare Centre	
Long Term Care Home and City: West Park Long Term Care Centre, Toronto	
Lead Inspector Oraldeen Brown (698)	Inspector Digital Signature
Additional Inspector(s) Maya Kuzmin (741674)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): May 3-5, and 8-12, 2023.</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> Intake: #00087010 - Proactive Compliance Inspection

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Medication Management
- Residents’ and Family Councils
- Safe and Secure Home
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Quality Improvement
- Residents’ Rights and Choices
- Pain Management

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Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure that the care set out in a resident's plan of care related to nutrition was provided on an identified date.

Rationale and Summary:

The resident was to be provided one container of a nutritional supplement daily at lunch. Observations showed that the resident was not provided with this nutritional supplement during meal service.

A Food Service Worker (FSS), verified that the nutritional supplement was not provided to the Personal Support Worker (PSW) to give the resident, as it did not appear on the Dietary List. The Food Service Manager (FSM) verified that the Dietary List was updated, when the Registered Dietitian (RD) recommended the nutritional supplement to be provided to the resident. FSM acknowledged that the resident's care plan was not followed.

The resident was at risk of not meeting their assessed nutritional needs when their care plan was not followed.

Sources: Observations on May 03, 2023; Resident's electronic records; Snack/Nourishment Policy RC 18-01-04 last reviewed January 2022; interviews with FSS and other staff. [741674]

WRITTEN NOTIFICATION: Directives by Minister

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 184 (3)

The licensee has failed to ensure that a policy directive that applied to the long-term care home was complied with.

In accordance with FLTCA, 2021 s. 184 (3), the licensee shall carry out every operational or policy directive that applies to the long-term care home.

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Specifically, staff did not comply with the Minister's Directive: COVID-19 Response Measures for Long-Term Care Homes, effective March 31, 2023, when a PSW did not wear their surgical mask appropriately inside the long-term care home (LTCH) while providing assistance to a resident.

Rationale and Summary:

A PSW was observed to be sitting with a resident providing assistance with fluids on an identified home area, and the surgical mask was not covering their nose. The PSW acknowledged that the mask was not being worn properly and they immediately adjusted the surgical mask to fit correctly.

There was an increased risk of transmission of infection to staff and residents when staff did not properly don a surgical mask in a resident home area.

Sources: Observations on May 05, 2023; Minister's Directive: COVID-19 Response Measures for Long-Term Care Homes, COVID-19 Guidance Document for Long-Term Care Homes in Ontario; interviews with PSW and other staff. [741674]

WRITTEN NOTIFICATION: Communication and response system

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 20 (f)

The licensee has failed to ensure that the resident-staff communication and response system for a resident clearly indicated where the signal was coming from.

Rationale and Summary:

During a tour of the home, the visual indicator of the three components to the resident-staff communication response system, for a resident's call bell was observed to be ill-functioning. When inspector pressed the resident's call bell, it did not light up outside of their room to alert the staff that the resident required assistance.

The Environmental Service Manager (ESM) was made aware who verified that due to faulty wiring, the call bell was not working. The next day, the ESM reported it was fixed the call bell was observed to be functioning.

The resident was at risk of not receiving timely assistance as one of the three components to the resident-staff communication response system was not functioning.

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Sources: Observations on May 03, 2023; interviews with ESM and other staff. [741674]

WRITTEN NOTIFICATION: Additional training — direct care staff

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 261 (1)

The licensee has failed to ensure that training was provided to a Registered Practical Nurse (RPN) and a PSW who provided direct care to residents related to falls prevention and management for the year 2022.

Rationale and Summary:

All direct care staff were to complete falls prevention and management program training that consisted of four components. An RPN failed to complete two of the four training modules for falls prevention and management program for the year of 2022. Additionally, a PSW failed to complete one of the four training modules for falls prevention and management program for the year of 2022.

The Director of Care acknowledged that direct care staff were to complete all four training modules by Dec 31, 2022.

There was an increased risk to residents as the RPN and PSW did not complete the required training modules to have full knowledge of the falls prevention and management program.

Sources: Training Records 2022; interviews with the RPN, PSW and other staff. [741674]