



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

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

Health System Accountability and Performance Division
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Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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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
Mar 26, 2014	2014_163109_0004	T-508-13	Complaint

Licensee/Titulaire de permis

WEST PARK HEALTHCARE CENTRE
82 BUTTONWOOD AVENUE, TORONTO, ON, M6M-2J5

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

WEST PARK LONG TERM CARE CENTRE
82 BUTTONWOOD AVENUE, TORONTO, ON, M6M-2J5

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): February 27, 2014

During the course of the inspection, the inspector(s) spoke with Executive Director, registered nursing staff, personal support workers (PSW), activation aide

During the course of the inspection, the inspector(s) conducted a walk through of care units, reviewed health record for identified residents, reviewed identified policies

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



Findings of Non-Compliance were found during this inspection.

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 O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (7) The licensee shall implement any surveillance protocols given by the Director for a particular communicable disease. O. Reg. 79/10, s. 229 (7).

Findings/Faits saillants :



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1. The licensee failed to implement surveillance protocols given by the Director for a particular communicable disease

According to the Provincial Infectious Diseases Advisory Committee (PIDAC) on Infection Prevention and Control, the best practice document entitled Routine Practices and Additional Precautions for all facilities, once an individual's risk of acquiring MRSA or VRE has been assessed, decisions may be made regarding screening protocols.

The home's Antibiotic Resistant Organisms (ARO) policy # INFE-05-01-03 states that if there are any known risk factors identified on the ARO screening assessment, testing for Methicillin Resistant Staphylococcus Aureas (MRSA) may be ordered by the attending physician.

Record review and staff interview revealed that the home does not have an ARO screening assessment protocol in place. The practice in the home has been to collect swabs for MRSA for all new admissions and all residents returning from overnight or longer hospital stays.

Record review and staff interview revealed that resident #1 was not screened for MRSA upon admission to the home. Resident #1 was also transferred to and from the hospital on identified dates and not screened for MRSA upon return to the home.

Resident #3 was admitted to the home on an identified date and there was no MRSA screening completed. [s. 229. (7)]

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 home shall implement any surveillance protocols given by the Director for a particular communicable disease, to be implemented voluntarily.



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Issued on this 26th day of March, 2014

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

W. J. (109)