



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

**Rapport d'inspection  
prévu le *Loi de 2007  
les foyers de soins de  
longue durée***

**Ministry of Health and Long-Term Care**

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

**Ministère de la Santé et des Soins de  
longue durée**

Division de la responsabilisation et de la performance du  
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			<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Dates of inspection/Date de l'inspection  December 29, 30, 2010	Inspection No/ d'inspection  2010_193_2663_30Dec090509	Type of Inspection/Genre d'inspection  Complaint- T-0648 and 1372	
<b>Licensee/Titulaire</b> Revera Long Term Care Inc., 55 Standish Court, 8 <sup>th</sup> floor, Mississauga, ON, L5R 4B2			
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Westside, 1145 Albion Road, Etobicoke, ON, M9V 4J7			
<b>Name of Inspector/Nom de l'inspecteur</b>  Monica Klein			
<b>Inspection Summary/Sommaire d'inspection</b>			
The purpose of this inspection was to conduct a complaint inspection.			
During the course of the inspection, the inspector spoke with: resident, registered staff, Physiotherapist, Administrator.			
During the course of the inspection, the inspector: review health record, home's falls prevention program and falls prevention policy, incident reports folder.			
The following Inspection Protocols were used during this inspection: Falls prevention.			
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:  2 WN			

## **NON- COMPLIANCE / (Non-respectés)**

### **Definitions/Définitions**

**WN** – Written Notifications/Avis écrit

**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire

**DR** – Director Referral/Référencement envoyé

**CO** – Compliance Order/Ordre de conformité

**WAO** – Work and Activity Order/Ordre: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1:** The Licensee has failed to comply with 6(4)(a) of the LTCHA, 2007, S.O. 2007, c.8.

The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other;

### **Findings:**

- **The nursing fall assessments (using Falls Risk Assessment Tool- FRAT) are not consistent with Physiotherapy assessment for risk of falls for an identified resident.**

**Inspector ID #:** 198

**WN #2:** The Licensee has failed to comply with 49(2) of the O. Reg.

Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

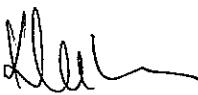
### **Findings:**

- **An identified resident was not appropriately reassessed following a fall resulting in head injury.**

**Inspector ID #:** 198

**Signature of Licensee or Representative of Licensee  
 Signature du Titulaire du représentant désigné**

**Signature of Health System Accountability and Performance Division  
 representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.**



**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Date of Report:** (if different from date(s) of inspection).

*January 6, 2011*