



**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
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
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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 |
|--|---|--------------------------------|--|
| May 21, 2013 | 2013_158101_0021 | T-2111-12 | Complaint |

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

WESTSIDE
1145 Albion Road, Rexdale, ON, M9V-4J7

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

AMANDA WILLIAMS (101), NICOLE RANGER (189)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): April 30, 2013

The purpose of this inspection was to complete a complaint inspection (T-2111-12) related to Administrator of Drugs, Infection Prevention and Control and Housekeeping.

During the course of the inspection, the inspector(s) spoke with The Executive Director, Acting Director of Care, Personal Support Workers, Housekeeping staff, registered staff and residents.

During the course of the inspection, the inspector(s) conducted an audit of resident rooms as well as the observed staff practices related to infection prevention and control.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping**

Medication

Findings of Non-Compliance were found during this inspection.

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**

Legendé

**WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
WAO – Ordres : travaux et activités**



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

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :



1. Identified Personal Support Workers on an identified resident home area did not use personal protective equipment while conducting direct care on residents on isolation precautions. Glove, gown and masks for direct care were not used as required resulting in the potential spread of the infection throughout the unit and the home. [s. 229. (4)]

2. Identified Personal Support Workers on an identified resident home area were observed to move from an identified resident isolation room to another resident room and/or handle resident personal equipment (i.e. transport residents in wheelchairs down the hallway) without the use of contact precaution equipment while entering or exiting the room and without handwashing, creating the potential spread of infection. [s. 229. (4)]

3. Staff were unable to communicate or identify residents requiring personal protective equipment while conducting care in identified resident rooms requiring precautions. - Personal Support worker staff were asked to identify which resident required isolation precautions in 2 bed semi-private and 4 bedroom basic rooms. Staff were unable to confirm which resident in the above noted rooms required isolation precautions for care and directed the Inspector to the nursing station. The Inspector inquired with the registered staff at the nursing station as to which residents were on isolation precautions in identified 2 bed semi-private and 4 bedroom basic rooms. The registered staff stated that the residents' individual care plans would need to be reviewed in order to provide the answer, despite the fact that a line list was present on the unit. Staff did not refer to the line list which contained relevant information related to infections and residents on isolation precautions on the unit and throughout the home. [s. 229. (4)]

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 staff adhere to best practices related to infection prevention and control precautions while conducting care and cleaning of identified isolation rooms to reduce and prevent the spread of infection. The plan should outline the home's strategy for ensuring compliance, to be implemented voluntarily.



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Issued on this 23rd day of May, 2013

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

A handwritten signature in black ink, appearing to read "Karl Willis". The signature is written in a cursive style with a large initial "K".