Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Toronto District
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Original Public Report

Report Issue Date: August 18, 2023	
Inspection Number: 2023-1359-0007	
Inspection Type: Proactive Compliance Inspection	
Licensee: 2063414 Ontario Limited as General Partner of 2063414 Investment LP	
Long Term Care Home and City: Weston Terrace Care Community, Toronto	
Lead Inspector Britney Bartley (732787)	**Inspector Digital Signature** Britney Bartley Digitally signed by Britney Bartley Date: 2023.08.21 15:38:34 -04'00'
Additional Inspector(s) JulieAnn Hing (649)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 20-21, 24-28, 31 and August 1, 2, 2023

The following intake(s) were inspected:

- Intake: #00092558 - Proactive Compliance Inspection

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

Food, Nutrition and Hydration
Medication Management
Safe and Secure Home
Quality Improvement
Recreational and Social Activities
Pain Management
Falls Prevention and Management
Admission, Absences and Discharge
Resident Care and Support Services
Skin and Wound Prevention and Management

Residents' and Family Councils
Infection Prevention and Control
Prevention of Abuse and Neglect
Residents' Rights and Choices

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
O. Reg. 246/22, s. 265 (1) 10.

The licensee has failed to ensure that the long-term care home's current version of the visitor policy made under section 267 was posted in the home.

Rationale and Summary

During the initial tour of the home, on July 20, 2023, it was observed that the home's visitor policy was not posted. This was brought to the attention of the Director of Care (DOC).

The DOC acknowledged that the above-mentioned policy was not posted in the home, they checked the area and indicated that they would immediately post it.

There was low risk posed to residents as a result of the home failing to post the policy.

Sources: Observations, interview with the DOC.

Date Remedy Implemented: July 20, 2023.

[732787]

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
FLTCA, 2021, s. 85 (3) (r)

The licensee has failed to ensure that an explanation of the protections afforded under section 30 related to whistle blowing protection was posted in the home.

Rationale and Summary

During the initial tour of the home, on July 20, 2023, it was observed that an explanation of whistle blowing protection policy was not posted. This was brought to the attention of the DOC.

The DOC acknowledged that the above-mentioned policy was not posted in the home, they checked the area and indicated that they would immediately post it.

There was low risk posed to residents as a result of the home failing to post the policy.

Sources: Observations, interview with the DOC.

Date Remedy Implemented: July 20, 2023.

[732787]

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)
FLTCA, 2021, s. 85 (3) (c)

The licensee has failed to ensure that the long-term care home's policy to promote zero tolerance of abuse and neglect of residents was posted in the home.

Rationale and Summary

During the initial tour of the home, on July 20, 2023, it was observed that the home's policy to promote zero tolerance of abuse and neglect of residents was not posted. This was brought to the attention of the DOC.

The DOC acknowledged that the above-mentioned policy was not posted in the home, they checked the area and indicated that they would immediately post it.

There was low risk posed to residents as a result of the home failing to post the policy.

Sources: Observations, interview with the DOC.

Date Remedy Implemented: July 20, 2023.

[732787]

WRITTEN NOTIFICATION: Plan of care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

1) The licensee has failed to ensure that a resident was reassessed and plan of care was reviewed and revised when the resident's care needs changed.

Rationale and Summary

Observation on a certain date revealed that a resident transfer was completed independently by one staff.

The resident care plan indicated that they were unable to perform a task and required two staff for assistance.

Personal Support Worker (PSW) #124 advised that they had assisted the resident with an activity of daily living (ADL) independently and stated that the resident's care plan needed to be updated. Registered Nurse (RN) #117 told the inspector that the resident's needs had changed temporarily. They acknowledged that the resident's care plan should have been revised.

Failure to ensure that the resident's care plan care was kept updated put them at risk of receiving incorrect assistance.

Sources: Observations, a resident's care plan, interviews with PSW #124, RN #117 and other relevant staff.

[649]

2) The licensee has failed to ensure that a resident was reassessed and plan of care was reviewed and revised when the resident's care needs changed.

Rationale and Summary

Resident #007's care plan indicated they had a diagnosis that required an ordered treatment to be applied and removed.

The resident was observed without the ordered treatment. RN #117 and PSW # 104 indicated the treatment was not applied because the resident was in bed and they only required it when on a mobility device.

The DOC acknowledged that the resident did not require the treatment when in bed and that care set out in the plan of care needed to be updated and revised to reflect the resident's needs.

Sources: Observations, a resident's clinical records, interviews with RN #117, PSW #104 and the DOC.

[732787]

WRITTEN NOTIFICATION: Plan of care

NC #005 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 the plan of care was provided to a resident as specified in the plan.

Rationale and Summary

During meal it was observed that a resident was not severed a specific drink at mealtime.

The resident preferred to have a specific drink at a certain time. The plan of care and the Dietary Aide's serving sheet also indicated the resident was to be served a specific drink at mealtime.

Dietary Aide #116 who severed the resident's fluids confirmed the specific drink was available and that they were aware of the resident's diet requirement but had forgotten to serve it.

The DOC acknowledged that care set out in the plan of care related to the resident's diet requirements was not followed.

Sources: A resident's clinical records, interviews with Dietary Aide #116 and the DOC.

[732787]

WRITTEN NOTIFICATION: Obstruction

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 153 (b)

The licensee has failed to ensure that staff members do not hinder, obstruct or interfere with an inspector conducting an inspection, or otherwise impedes an inspector in carrying out the inspector's duties.

Rationale and Summary

Observation revealed that a scheduled activity was not provided to residents on a home area.

The inspector was advised that the scheduled program on the home's monthly activity calendar was provided to residents by a specific department. The inspector requested program attendance from staff #129 and received documentation that four residents had attended the program, and five residents were absent or refused to participate on the above-mentioned date. None of the residents who attended the program were interviewable.

Video surveillance footage was reviewed with the Executive Director, which showed that the staff who had documented residents' attendance in the program, was not observed on the home area during the scheduled program.

Staff #134 admitted that they were unable to make it to the home area to provide the program to residents. Staff #129 documented residents had attended the program falsely, to show the activity had occurred when it had not.

Falsifying documentation of residents' attendance in scheduled activities denied them the opportunity of benefiting from the program.

Sources: Observation on home area, review of home's camera footage, interviews with staff #129 and #134, and other relevant staff.

[649]

WRITTEN NOTIFICATION: Housekeeping

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (i)

The licensee has failed to ensure that procedures were implemented for cleaning and disinfecting of resident care equipment including hoyer lifts in between residents use.

Rationale and Summary

Observation revealed that the hoyer lift was not cleaned and disinfected between residents use.

PSW #108 advised that they had cleaned and disinfected the hoyer lift prior to taking it into a room but failed to clean it after use before taking it into another room and using it to transfer a resident.

Failure to clean and disinfect the hoyer lift in between residents use exposes the resident to risk of possible infection.

Sources: Observation, interviews with PSW #108 and other relevant staff.

[649]