



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

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

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

**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  
performance et de la conformité**

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## Public Copy/Copie du public

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 10, 2015	2015_303563_0025	006990-15, 007999-15, 009514-15, 009525-15, 007744-15	Critical Incident System

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### Licensee/Titulaire de permis

DEVONSHIRE ERIN MILLS INC.  
195 DUFFERIN AVENUE SUITE 800 LONDON ON N6A 1K7

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

WESTMOUNT GARDENS LONG TERM CARE HOME  
590 Longworth Road LONDON ON N6K 4X9

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

MELANIE NORTHEY (563)

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## Inspection Summary/Résumé de l'inspection

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): June 8 and 9, 2015**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Manager of Resident Care, a Registered Nurse, a Registered Practical Nurse, a Life Enrichment Aide, four Personal Support Workers, a Family member and three Residents.**

**The inspector also made observations of residents and care provided. Relevant policies and procedures, as well as clinical records, investigation notes and plans of care for identified residents were reviewed.**

**The following Inspection Protocols were used during this inspection:  
Hospitalization and Change in Condition  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Responsive Behaviours**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following:**

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
  - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
  - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**



### **Findings/Faits saillants :**

1. The licensee failed to ensure the plan of care set out clear directions to staff and others who provide direct care to the resident.

Record review of the current care plan revealed the care plan for Resident # 002 did not have clear direction related to the care required for transfers, bed mobility, continence, personal hygiene and the use of side rails. Interventions related to care services were inconsistent across the plan of care. The logo system above the bed indicated the use of safety equipment for the resident, however a record review of the current care plan did not provide the same direction.

Staff interview with two PSWs confirmed that PSWs used the logo system posted above the residents' beds and the Kardex in Point of Care as a reference to provide care and services. PSWs confirmed the plan of care did not set out clear directions to staff and others who provide direct care to the resident.

Interview with the Administrator on June 8, 2015 at 1530 hours confirmed it was the home's expectation that the resident's care plan be current and accurate and confirmed the care plan documentation needed to be consistent throughout the plan. [s. 6. (1) (c)]

### ***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 the plan of care set out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.***

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**Issued on this 10th day of July, 2015**

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

**Original report signed by the inspector.**