



**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  
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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 15, 2014	2014_229213_0054	002613-14 002661-14	Critical Incident System

**Licensee/Titulaire de permis**

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

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

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

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

RHONDA KUKOLY (213)

**Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): August 13 & 14, 2014**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Manager of Resident Care, the Assistant Director of Care, 2 Registered Practical Nurses, 5 Personal Support Workers and 2 Residents.**

**During the course of the inspection, the inspector(s) made observations and reviewed health records, the home's internal investigation records, policies and other relevant documentation.**

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



Prevention of Abuse, Neglect and Retaliation

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. 33. Bathing Specifically failed to comply with the following:**

**s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).**

**Findings/Faits saillants :**



1. The licensee failed to ensure that each resident of the home is bathed, at minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contradicted by a medical condition.

a) The Administrator and Manager of Resident Care confirmed that they received a concern regarding the Resident #3 not receiving baths as scheduled.

b) Record review of the unit bath schedule indicated Resident #3 is to receive bathing twice per week. A review of the plan of care for Resident #3 confirmed bathing twice per week. Record review of Point of Care documentation revealed no documentation related to bathing completed on 4 particular dates in a 30 day period. Progress notes did not indicate any reason or information regarding bathing not being completed on these dates for Resident #3.

c) Record review of the unit bath schedule indicated Resident #1 is to receive bathing twice per week. A review of the plan of care for Resident #1 confirmed bathing twice per week. Record review of Point of Care documentation revealed no documentation related to bathing completed on a particular date. Progress notes did not indicate any reason or information regarding bathing not being completed on this date for Resident #1.

d) The Administrator and Manager of Resident Care confirmed that their internal investigation revealed that bathing was not being completed as per the bath schedules and plans of care and they are following up with staff involved. They confirmed that it is an expectation that bathing is provided for every Resident as per the unit bath schedule and their plan of care, that bathing is documented in Point of Care by the staff member who provided the care, or a reason for the absence of bathing documented in Progress Notes by the registered staff. [s. 33. (1)]



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***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 each resident is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contradicted by a medical condition, to be implemented voluntarily.***

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Issued on this 15th day of August, 2014

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