



**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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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 19, 2015	2015_297558_0014	T-2692-15	Complaint

Licensee/Titulaire de permis

TORONTO LONG-TERM CARE HOMES AND SERVICES
55 JOHN STREET METRO HALL, 11th FLOOR TORONTO ON M5V 3C6

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

WESBURN MANOR
400 The West Mall ETOBICOKE ON M9C 5S1

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

BARBARA PARISOTTO (558)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): August 13, 14, 17, 2015.

During the course of the inspection, the inspector(s) spoke with the administrator, building services supervisor, manager of resident services, a nurse manager, registered practical nurse, personal care aides and member of the Family Council.

The following Inspection Protocols were used during this inspection:



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**Family Council
Infection Prevention and Control
Personal Support Services
Reporting and Complaints**

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

2 WN(s)

0 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. (9) The licensee shall ensure that the following are documented:**
- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
 - 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
 - 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :



1. The licensee shall ensure that the provision of the care set out in the plan of care is documented.

A review of resident #001's plan of care on an identified date, stated the following:

- Totally dependent on two staff to turn side to side, reposition (q2h)
- One staff will give mouth care day/evening/night as per policy.

A review of resident #001's resident turning/positioning schedule worksheet revealed the resident was not repositioned at 0800, 1000, 1200, 1400, 1600, 1800, 2000 and 2200 hours on four identified dates.

A review of resident #001's nursing personal care record (NPCR) of an identified date revealed the resident was not provided mouth care at p.m. twice and bedtime three times over an identified time period.

Staff interviews revealed an awareness of the plan of care related to repositioning and mouth care.

Interviews with staff #100 and #105 confirmed the care set out in the plan of care was provided and not documented.

An interview with NM #106 confirmed the care set out in the plan of care was not documented. [s. 6. (9) 1.]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that every written complaint made to the licensee concerning the care of a resident has been investigated and responded to indicating what the licensee has done to resolve the complaint or that the licensee believes the complaint to be unfounded and the reasons for the belief, within 10 business days of the receipt of the complaint.

A written complaint addressed to the home's administrator on an identified date, included concerns regarding resident #001's care. A written response to this letter nine days later stated "I would like an opportunity to address your frustrations and concerns" regarding the resident's care. An interview with the complainant revealed a response was not provided.

An interview with the administrator confirmed an investigation was not conducted for the concerns identified in the letter as the resident had passed away. [s. 101. (1) 1.]

Issued on this 19th day of August, 2015

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

Original report signed by the inspector.