



**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 prévue  
sous la Loi de 2007 sur les foyers  
de soins de longue durée**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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Bureau régional de services de  
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5700 rue Yonge 5e étage  
TORONTO ON M2M 4K5  
Téléphone: (416) 325-9660  
Télécopieur: (416) 327-4486

**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
May 17, 2019	2019_766500_0013	026830-18, 030012- 18, 001438-19	Complaint

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**Licensee/Titulaire de permis**

City of Toronto  
365 Bloor Street East 15th Floor TORONTO ON M4W 3L4

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

Wesburn Manor  
400 The West Mall ETOBICOKE ON M9C 5S1

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

NITAL SHETH (500)

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**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 24, May 2, 3, 6, 7, 2019.**

**The following intakes were completed during this inspection:**

**Logs #026830-18 related to sufficient staffing, and responsive behaviour, #030012-18 related to falls, and duty to protect, #001438-19 related to resident to resident altercation.**

**A non-compliance identified for resident #003, under plan of care s. 6. (11) (b) was issued in Critical Incident System (CIS) inspection #2019\_766500\_0012, which was completed concurrently with this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Acting Manager Resident Services, Social Worker, Nurse Managers, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Recreational Services Assistant, Personal Support Workers (PSWs), and families.**

**During the course of the inspection, the inspector observed resident to resident interactions, staff to resident interactions, residents' care areas, reviewed residents' health records, and the home's policies and procedures.**

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

**Critical Incident Response**

**Falls Prevention**

**Pain**

**Prevention of Abuse, Neglect and Retaliation**

**Reporting and Complaints**

**Responsive Behaviours**

**Sufficient Staffing**

**During the course of this inspection, Non-Compliances were not issued.**

**0 WN(s)**

**0 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**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

Légende

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

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.



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**Issued on this 6th day of June, 2019**

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

**Original report signed by the inspector.**