

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

**Rapport d'inspection en vertu  
de la Loi de 2007 sur les  
foyers de soins de longue  
durée**

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

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

Toronto Service Area Office  
5700 Yonge Street 5th Floor  
TORONTO ON M2M 4K5  
Telephone: (416) 325-9660  
Facsimile: (416) 327-4486

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

**Amended Public Copy/Copie modifiée du rapport 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>
Sep 21, 2021	2021_766500_0020 (A2)	008134-20, 003129-21	Critical Incident System

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**Licensee/Titulaire de permis**

City of Toronto  
Seniors Services and Long-Term Care (Union Station) c/o 55 John Street Toronto ON  
M5V 3C6

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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**

Amended by NITAL SHETH (500) - (A2)

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

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**Non-compliance (Written notification) reviewed by Toronto Service Area Office and Wesburn Manor. Based on review findings will be deleted/revoked.**

**Issued on this 21st day of September, 2021 (A2)**

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

**Original report signed by the inspector.**

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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): July 14, 15, 16, 19, 20, 21, 2021.**

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

- An intake related to Duty to protect,**
- An intake related to a fall incident resulted in injury.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Supervisor-Building Services, Nurse Manager, Registered Staff, and Personal Support Workers (PSWs).**

**During the course of the inspection, the inspector observed residents' care areas, reviewed residents' and home's records, the home's heat related illness prevention and management program, and observed Infection Prevention and Control (IPAC) Practices.**

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

**Falls Prevention  
Infection Prevention and Control  
Prevention of Abuse, Neglect and Retaliation  
Safe and Secure Home**

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

- 1 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>Légende</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>

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**(A2)**

**The following Non-Compliance has been Revoked / La non-conformité suivante a été révoquée: WN #1**

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**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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**

**(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**

**(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**

**(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

**Issued on this 21st day of September, 2021 (A2)**

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

**Original report signed by the inspector.**