Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Toronto Service Area Office
5700 Yonge Street, 5th Floor
Toronto ON M2M 4K5
Telephone: 1-866-311-8002
TorontoSAO.moh@ontario.ca

Original Public Report

Report Issue Date June 20, 2022
Inspection Number 2022_1607_0001
Inspection Type
☐ Critical Incident System ☐ Complaint ☐ Follow-Up ☐ Director Order Follow-up
☒ Proactive Inspection ☐ SAO Initiated ☐ Post-occupancy
☐ Other _____

Licensee
City of Toronto

Long-Term Care Home and City
Wesburn Manor, Etobicoke

Lead Inspector
Nital Sheth (500)

Additional Inspector(s)
Joy Ieraci (665)

Inspector Digital Signature
Nital Sheth
Digitally signed by Nital Sheth
Date: 2022.06.23 13:06:21 -04'00'

Inspectors Manish Patel (740841), and Kim Lee (741072) were also present during this inspection.

INSPECTION SUMMARY

The inspection occurred on the following date(s): June 8-10, and 13-17, 2022

The following intake(s) were inspected:

- Intake #010983-22 was a Proactive Compliance Inspection

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

- Falls Prevention and Management
- Food, Nutrition and Hydration
- Infection Prevention and Control (IPAC)
- Medication Management
- Pain Management
- Prevention of Abuse and Neglect
- Resident Care and Support Services
- Residents' and Family Councils
- Residents' Rights and Choices
- Safe and Secure Home
- Skin and Wound Prevention and Management

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INSPECTION RESULTS

NON-COMPLIANCE REMEDIED

Non-compliance was found during this inspection and was ***remedied*** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154(2) and requires no further action.

NC#01 remedied pursuant to FLTCA, 2021, s. 154(2)

O. Reg. 246/22 s.12 (1) 3

The door leading to a secured outdoor courtyard was unlocked and not supervised by staff. There were no residents in the vicinity at the time of the observation.

A Registered Practical Nurse (RPN) locked the door immediately. The staff indicated that the outdoor courtyard was a non-residential area and must be kept locked when not supervised by staff.

Sources: Observation on June 8, 2022, and interviews with RPN and other staff.

Date Remedy Implemented: June 8, 2022 [665]

WRITTEN NOTIFICATION INFECTION PREVENTION AND CONTROL PROGRAM

NC#02 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1

Non-compliance with: O. Reg. 246/22 s. 102 (8)

The licensee has failed to ensure that all staff participated in the implementation of their Infection Prevention and Control (IPAC) program.

Rationale and Summary

The home's policy on the appropriate use of surgical masks, directed staff to ensure that masks were worn completely over their nose, mouth and chin.

Two Personal Support Workers (PSW) were together in the nursing station with their surgical masks pulled down to their chins. They acknowledged they did not wear their surgical masks appropriately.

There was a risk of infection transmission between the PSWs and to other staff and residents when staff did not wear surgical masks appropriately.

Sources: Observation on June 9, 2022, review of policy #IC-0606-00, titled Application and Removal of Masks, dated January 5, 2015, and interviews with the PSWs and other staff. [665]

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