



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  
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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 Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 10, 2013	2013_189120_0086	T-397-13	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

BERNADETTE SUSNIK (120)

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): December 3, 2013

During the course of the inspection, the inspector(s) spoke with Manager of Resident Services and the Environmental Services Supervisor

During the course of the inspection, the inspector(s) toured the main foyer and observed posted emergency response directions, reviewed family and resident council minutes, fire and bomb response plans, newsletters, admission checklist and other documents.

The following Inspection Protocols were used during this inspection:  
Safe and Secure Home

**Findings of Non-Compliance were found during this inspection.**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p><b>Legend</b></p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p><b>Legendé</b></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. 107. Reports re critical incidents**

**Specifically failed to comply with the following:**

**s. 107. (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (4):**

- 1. An emergency, including fire, unplanned evacuation or intake of evacuees. O. Reg. 79/10, s. 107 (1).**

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**Findings/Faits saillants :**

The licensee did not immediately inform the Director when two separate emergency incidents occurred in the home. The licensee submitted a critical incident on July 30, 2013 for both of the incidents.

The first incident occurred on June 17, 2013, required the action of police to investigate an anonymous note left in the home regarding bombs in the home. On June 19, 2013, police returned to the home to investigate graffiti left on the walls in 2 separate stairwells identifying that bombs were in the home. No bombs were found in the home and police were not able to confirm the person or persons responsible for the threats.

The second incident occurred on June 19, 2013, related to a person or persons starting a small fire in a stairwell. Home staff successfully extinguished the fire and called the fire and police departments. An investigation was conducted by both fire and police inspectors, however they were not able to confirm the person or persons responsible for starting the fire.

Neither of these incidents caused any harm or injury to residents or staff. [s. 107(1)]

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 230. Emergency plans**



**Specifically failed to comply with the following:**

**s. 230. (7) The licensee shall,**

**(a) test the emergency plans related to the loss of essential services, fires, situations involving a missing resident, medical emergencies and violent outbursts on an annual basis, including the arrangements with the community agencies, partner facilities and resources that will be involved in responding to an emergency; O. Reg. 79/10, s. 230 (7).**

**(b) test all other emergency plans at least once every three years, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency; O. Reg. 79/10, s. 230 (7).**

**(c) conduct a planned evacuation at least once every three years; and O. Reg. 79/10, s. 230 (7).**

**(d) keep a written record of the testing of the emergency plans and planned evacuation and of the changes made to improve the plans. O. Reg. 79/10, s. 230 (7).**

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**Findings/Faits saillants :**

1. The licensee has not tested the emergency plans related to bomb threats within the last three years. [s.230(7)(b)]

2. The licensee has not conducted a planned evacuation within the last three years. [s. 230(7)(c)]

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**Issued on this 10th day of December, 2013**

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

*B. Sosnik*