



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
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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5700 Yonge Street, 5th Floor
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Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 2, 2013	2013_163189_0005	T-2182-12	Complaint

Licensee/Titulaire de permis

WEST PARK HEALTHCARE CENTRE
82 BUTTONWOOD AVENUE, TORONTO, ON, M6M-2J5

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

WEST PARK LONG TERM CARE CENTRE
82 BUTTONWOOD AVENUE, TORONTO, ON, M6M-2J5

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

NICOLE RANGER (189)

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): April 24, 25, 2013

During the course of the inspection, the inspector(s) spoke with Registered Staff, Dietitian, Physician

During the course of the inspection, the inspector(s) Conducted walk through of resident and common areas, Reviewed health care records

**The following Inspection Protocols were used during this inspection:
Personal Support Services**

There are no findings of Non-Compliance as a result of this inspection.



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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

Legendé

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.

Issued on this 17th day of May, 2013

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

TORONTO SERVICE AREA OFFICE
REPORT ROUTING

To be included in every inspection package

TSAO Log #	T- 2182-12
Inspection #	2013_163189_0005

LTC HOME NAME: West Park Long Term Care Centre	
INSPECTION TYPE: <input type="checkbox"/> Annual <input type="checkbox"/> Follow-up <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> CIS <input type="checkbox"/> Other:	
Dates of Inspection: April 24, 25, 2013	
Follow-up Inspection required: Y / N	Date: <input type="checkbox"/> Next Annual Inspection
Discipline(s) required for follow-up	<input type="checkbox"/> Nursing <input type="checkbox"/> Dietary <input type="checkbox"/> Environmental Health

ACTION TAKEN:	
<input type="checkbox"/> WN - Written Notifications	<input type="checkbox"/> VPC - Plan of correction
<input type="checkbox"/> DR - Director Referral	<input type="checkbox"/> WAO - Work and Activity Order
<input type="checkbox"/> Corrected Non-Compliance	<input type="checkbox"/> CO - Compliance Order
	<input checked="" type="checkbox"/> No Written Notifications
Orders Served:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the Order Service Log on the back of this form.
Plan for Achieving Compliance - Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plan for Achieving Compliance - Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

DOCUMENTS IN PACKAGE:		
<input checked="" type="checkbox"/> Completed Intake & Summary	<input type="checkbox"/> CIS (if applicable incoming)	<input type="checkbox"/> Orders (if applicable)
<input type="checkbox"/> Inspection Plan	<input type="checkbox"/> Early Warning System Report (if applicable)	<input type="checkbox"/> Incoming Infoline (if applicable)
<input checked="" type="checkbox"/> Inspection Report (Licensee Copy)	<input type="checkbox"/> Inspection Protocols (if done manually)	<input type="checkbox"/> Fax Cover Sheets (if applicable)
<input checked="" type="checkbox"/> Inspection Report (Public Copy)		<input type="checkbox"/> Fax Confirmation sheet: (if applicable)

APPROVALS & PROCESSING:		
Submitted for Review:	Date: May 2/13	Initials: NL
Inspection Reports (Public & Licensee) Reviewed:	Date: May 2/13	Initials: NL
Licensee Report given to Home:	Date: May 16/13	Signature: NL
	<input type="checkbox"/> Fax <input type="checkbox"/> E-mail (PDF) <input checked="" type="checkbox"/> In-person	
Licensee Report sent to Licensee:	Date: May 17/13	Signature: NL
	<input checked="" type="checkbox"/> Fax <input type="checkbox"/> E-mail (PDF)	
Orders served on Licensee:	Date:	Signature:
	<input type="checkbox"/> Fax <input type="checkbox"/> Registered Mail	
Orders given to Home:	Date:	Signature:
	<input type="checkbox"/> Fax <input type="checkbox"/> E-mail (PDF) <input type="checkbox"/> In-person	
Submitted for FMIS Input:	Date:	Initials:
FMIS INPUT: (Administrative Assistant only)	Date:	Initials:
Public Reports: Home / Resident Council / Family Council	Date:	Initials:
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail (PDF)	
Public Reports: Other Copies (See instructions)	Date:	Initials:
	<input type="checkbox"/> E-mail (PDF)	
Copy of Licensee Report and Orders sent to CQI Coordinator:	Date:	Initials:
	<input type="checkbox"/> E-mail	
Logs: <input type="checkbox"/> Intake <input type="checkbox"/> Inspection/Action completed:	Date:	Initials:
FOLLOW-UP		
Follow-up inspection date entered on scheduler:	Date:	Initials:

ORDER SERVICE LOG



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Issued on this 2nd day of May, 2013

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