



**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  
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**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 # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 2, 2015	2015_413500_0007	T-480-14	Complaint

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**Licensee/Titulaire de permis**

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

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

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

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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): May 8, 11, and 12, 2015.**

**During the course of the inspection, the inspector(s) spoke with the executive director, acting director of care, quality assurance coordinator, office manager, registered nursing staff, personal support workers (PSWs), and substitute decision maker.**

**The following Inspection Protocols were used during this inspection:  
Prevention of Abuse, Neglect and Retaliation**

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

**1 WN(s)**

**1 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>Legendé</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 LTCHA, 2007 S.O. 2007, c.8, s. 6.**

**Plan of care**

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

**s. 6. (9) The licensee shall ensure that the following are documented:**

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the provision of the care set out in the plan of care is documented.

A review of resident #1's plan of care indicates that the resident requires total assistance for bed mobility. Two staff to provide weight bearing physical assistance with repositioning the resident every two hours when in bed as the resident does not reposition him/herself. The resident uses a wheel-chair and needs to be repositioned with two staff every two hours. Turning and repositioning form needs to be completed every two hours while resident #1 was in bed and the resident was repositioned while in the wheelchair.

A review of the resident's turning sheet records revealed the documentation was not completed on the following dates the resident was repositioned:

Day Shift:

- Eight identified days in February, 13 identified days in March, and one identified days in April and one day in May 2015.

Evening Shift:

- Five identified evenings in February, and one identified day in April and in May 2015

Night Shift

- One identified night in March, 2015

A review of resident #1's daily care flow sheet records revealed there is no documentation completed for transfer and personal hygiene care provided to the resident during night shifts for seven nights in February 2015, 23 nights in March 2015, 12 nights in April 2015, and six nights in May 2015.

Interview with the PSW, Charge Nurse, and (A) DOC confirmed that daily care sheet documentation should be completed on above mentioned dates during the night shift and the turning and repositioning form should have been completed on the above noted dates consistent with the plan of care. [s. 6. (9) 1.]



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***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the provision of the care set out in the plan of care is documented, to be implemented voluntarily.***

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**Issued on this 2nd day of June, 2015**

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

**Original report signed by the inspector.**