

**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**

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**Public Copy/Copie 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>
Dec 7, 2021	2021_780699_0022	012967-21	Follow up

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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**

PRAVEENA SITTAMPALAM (699)

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

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**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): December 2-3, 2021.**

**The following follow up intake was inspected:**

**-Log #012967-21 related to Compliance Order #001 issued under inspection  
2021\_833763\_0013.**

**During the course of the inspection, the inspector(s) spoke with the Director of  
Care, Associate Director of Care, Registered Nurse (RN), Registered Practical  
Nurse (RPN), Personal Support Workers (PSW), Housekeeping Aide (HA), and  
residents.**

**During the course of the inspection, the inspector conducted observations of the  
home areas, reviewed residents' clinical health records, and relevant policies and  
procedures.**

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

**Falls Prevention**

**Infection Prevention and Control**

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

**2 WN(s)**

**2 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**The following previously issued Order(s) were found to be in compliance at the  
time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de  
cette inspection:**

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REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 8. (1)	CO #001	2021_833763_0013		699

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

Legend	Légende
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home was a safe and secure environment for its residents.

The inspector made the following observation while conducting a tour of the home:  
-On the first floor secured unit, a cart of dirty cups and cutlery was noted outside of the servery. A resident was seen going through the cups and cutlery, and attempting to carry a crate of cutlery, with their mobility device in front of them. No staff were observed to be supervising the area, and there were wandering residents noted around the cart. The inspector informed the nurse, and staff re-directed the resident away from cart. Staff did not offer hand hygiene to the resident after they touched the dirty cutlery and cups.

Staff indicated that the cart should have been locked in the servery, away from the residents as it posed an infection prevention and control (IPAC) and safety risk due to residents wandering around.

Sources: Observations and interviews with staff. [s. 5.]

***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 home is a safe and secure environment for its residents, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

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

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that staff participated in the implementation of the IPAC program.

The inspector made the following observations during a tour of the home:

- staff members were observed to be wearing their surgical mask below their nose on the first and second floor of the home;
- staff exited a resident's room without completing hand hygiene;
- one staff member was observed completing hand hygiene for less than five seconds after a resident interaction.

Staff and the home's policy titled, 'Hand Hygiene', indicated that they should be completing hand hygiene before and after resident interactions, for a minimum of 20 seconds. Staff also indicated that they should be wearing their masks covering the mouth and nose with a secure seal. The ADOC acknowledged that the above observations were not aligned with the home's expectations.

Sources: Observations; policy titled 'Hand Hygiene', IC-02-01-08, last reviewed October 2021; interviews with staff. [s. 229. (4)]

***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 all staff participate in the implementation of the program, to be implemented voluntarily.***

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**Issued on this 7th day of December, 2021**

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

**Original report signed by the inspector.**