



**Ministry of Health and  
Long-Term Care**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Ministère de la Santé et des  
Soins de longue durée**

**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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<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>
Mar 26, 2014	2014_163109_0006	T-552-13	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**

SUSAN SQUIRES (109)

**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): March 4, 5, 6, 2014.**

**The areas of non-compliance related to skin and wound care will be captured in inspection # 2014\_163109\_0011 which corresponds with LOG #T-347-14**

**During the course of the inspection, the inspector(s) spoke with administrator, Director of Care (DOC), Registered Nursing staff, Registered Dietitian (RD), Family member, Personal Support Workers (PSW), Physiotherapist (PT).**

**During the course of the inspection, the inspector(s) conducted a walk through of the identified care unit, observed the lunch meal for identified resident, reviewed the health record for resident #6, reviewed the homes skin care policies and protocols.**

**The following Inspection Protocols were used during this inspection:  
Nutrition and Hydration  
Skin and Wound Care**

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



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

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

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

- s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
  - (b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**



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1. The licensee failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is in compliance with and is implemented in accordance with all applicable requirements under the Act, and is complied with.

The home policy states that upon discovering a pressure ulcer, a referral is made to the RD through the internal documentation program, Point Click Care (PCC). Resident #6 sustained multiple alterations to skin integrity over a 3 month period including a pressure ulcer. A review of the homes internal documentation records indicates that a referral was not made to the RD for any of the skin breakdowns resident # 6 sustained.

In addition, the RD stated that failing a referral through PCC, that she/he may also become aware of pressure ulcers via a skin and wound assessment tracking tool provided to her/him at the end of each month by nursing staff from each unit. A review of this record for an identified date indicates that the resident's pressure ulcer had not been documented on this form. The home did not comply with their policy for wound referrals to the dietitian. [s. 8. (1) (a),s. 8. (1) (b)]

***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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is in compliance with and is implemented in accordance with all applicable requirements under the Act, and is complied with, to be implemented voluntarily.***

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**Issued on this 26th day of March, 2014**

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

A handwritten signature in black ink, appearing to be "J. [unclear]", written in a cursive style.