

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Toronto District

5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Public Report

Report Issue Date: February 18, 2025

Inspection Number: 2025-1169-0001

Inspection Type:

Complaint
Critical Incident
Follow up

Licensee: Revera Long Term Care Inc.

Long Term Care Home and City: Westside, Etobicoke

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 3-4, 6-7, 10, 12, 14, 2025

The inspection occurred offsite on the following date(s): February 11, 13, 2025

The following intakes were inspected in this Follow Up inspection:

Intake: #00132678 – Follow-up – CO #001 from 2024-1169-0003 related to Duty to protect

Intake: #00132675 – Follow-up – CO #002 from 2024-1169-0003 related to Skin and wound care

Intake: #00132676 – Follow-up – CO #003 from 2024-1169-0003 related to Skin and wound care

Intake: #00132677 – Follow-up – CO #004 from 2024-1169-0003 related to Pain management

Intake: #00132674 – Follow-up – CO #005 from 2024-1169-0003 related to Administration of drugs

The following intakes were inspected in this Complaint inspection:

Intake: #00127604 – related to maintenance services and elevators

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The following intakes were inspected in this Critical Incident (CI) inspection:
Intakes: #00132666 – [CI: 2663-000044-24] and #00133486 – [CI: 2663-000045-24] – related to a fall with injury
Intakes: #00134148 – [CI: 2663-000046-24] and #00134386 – [CI: 2663-000048-24] – related to injury of unknown cause

The following intake was completed in this CI inspection:
Intake: #00134717 – [CI: 2663-000049-24] – related to a fall with injury

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2024-1169-0003 related to FLTCA, 2021, s. 24 (1)
Order #002 from Inspection #2024-1169-0003 related to O. Reg. 246/22, s. 55 (2) (b) (iv)
Order #003 from Inspection #2024-1169-0003 related to O. Reg. 246/22, s. 55 (2) (d)
Order #004 from Inspection #2024-1169-0003 related to O. Reg. 246/22, s. 57 (1) 1
Order #005 from Inspection #2024-1169-0003 related to O. Reg. 246/22, s. 140 (2)

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Pain Management
Falls Prevention and Management

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INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary

The licensee has failed to ensure that a resident's plan of care was revised when their care needs set out in the plan was no longer necessary.

A resident's care plan indicated that a falls intervention was to be in use. During an observation on a date in February 2025, a Personal Support Worker (PSW) acknowledged that the resident did not have their falls intervention in use as it was no longer required as the resident had a new intervention.

On February 4, 2025, the resident's care plan was revised by staff, and the specific falls intervention was resolved.

Sources: Resident's care plan and interview with PSW.

Date Remedy Implemented: February 4, 2025

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WRITTEN NOTIFICATION: Specific duties re cleanliness and repair

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee has failed to ensure the home was maintained in a safe condition and in a good state of repair. On two dates in February 2025, several areas of cracked, chipped, and water damaged ceiling material were observed on one floor in the home. The Environmental Services Manager (ESM) was aware of the damage and indicated it may have been caused by an overflowing sink that occurred in a resident room sometime in 2024.

Sources: Observations of floor ceilings and an interview with the Environmental Services Manager.

WRITTEN NOTIFICATION: General Requirements

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 34 (2)

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

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The licensee has failed to comply with their pain management program when a resident was experiencing pain.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee was required to ensure that any actions taken with respect to a resident under a program, including assessments are documented.

Specifically, staff did not comply with the home's pain management policy when a resident was complaining of pain in a specific area in November 2024. A Registered Practical Nurse (RPN) provided the resident with pain medication, however, did not complete a comprehensive pain assessment in Point Click Care (PCC) indicating the location and quality of pain, the onset and severity of pain, and the treatment provided.

Sources: Resident's clinical records, the home's Pain Assessment and Management Policy (Policy #CARE8-P10), revised March 31, 2024, and interviews with Infection Prevention and Control (IPAC) Lead and RPN.

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

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In accordance with Additional Requirement 2.1 under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that the IPAC Lead conducts at minimum, quarterly real-time audits of specific activities performed by staff in the home, including, but not limited to, hand hygiene, selection and donning and doffing of personal protective equipment (PPE).

The home failed to complete PPE selection, donning and doffing audits for dietary services, recreation services and housekeeping staff between October to December 2024. In addition, audits were not completed for recreation staff related to hand hygiene between October to December 2024.

Sources: IPAC monthly hand hygiene audits, IPAC quarterly PPE audits, and interview with IPAC Lead.