



**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
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 1, 2015	2015_382596_0015	30204-15	Resident Quality Inspection

Licensee/Titulaire de permis

Regency LTC Operating Limited Partnership on behalf of Regency Operator GP Inc. as
General Partner
100 Milverton Drive Suite 700 MISSISSAUGA ON L5R 4H1

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

THE WESTBURY
495 The West Mall ETOBICOKE ON M9C 5S3

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

THERESA BERDOE-YOUNG (596), CECILIA FULTON (618), SHIHANA RUMZI (604)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): November 9, 10, 12, 13, 16, 17, 19, and 20, 2015.

During the course of the inspection, the inspector(s) spoke with the Administrator, Directors of Care (DOC), registered nurse (RN), registered practical nurse (RPN), personal care provider (PCP), activation aide (AA), Residents' Council president, Family Council president, residents and family members.

During the course of the inspection, the inspectors conducted a tour of the home, conducted a dining observation, medication administration observation, observed resident and staff interactions, reviewed clinical health records, and relevant home policies and procedures.

The following Inspection Protocols were used during this inspection:

**Contenance Care and Bowel Management
Dining Observation
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council**

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

**5 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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**



Findings/Faits saillants :

1. The licensee has failed to ensure that there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident.

Review of an identified resident's care plan indicates that resident requires assistance with toileting and changing incontinent product, and directs staff to change the resident's incontinent product three times on the day shift at 6:30 a.m., 9:30 a.m., and 11:30 a.m. The resident's kardex on the Point of Care (POC) does not include a toileting and incontinent product changing schedule as the care plan does. Interview with resident revealed that his/her incontinent product is not changed often enough.

Interview with personal care provider (PCP) #115 revealed that he/she usually changes the resident's incontinent product twice on the day shift, and was not aware of the resident's incontinent product changing schedule as indicated in the care plan, as the schedule is not included on the resident's kardex located on the POC.

Interview with registered practical nurse (RPN) #116 confirmed that the resident's incontinent product changing schedule in the care plan is not included in the kardex, and the kardex should be updated so that it provides clear direction to staff and others who provide care. [s. 6. (1) (c)]

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 there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home



Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :

1. The licensee has failed to ensure that all doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

On November 19, 2015, the inspector and Director of Care (DOC) #111 observed the door to room 136 opened. The room contained nursing supplies including pre-filled influenza immunization syringes and a small biohazard container with scissors.

An interview with DOC #111 confirmed that the room was not a resident area and the door is to be locked at all times. [s. 9. (1) 2.]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(h) residents are provided with a range of continence care products that,
(i) are based on their individual assessed needs,
(ii) properly fit the residents,
(iii) promote resident comfort, ease of use, dignity and good skin integrity,
(iv) promote continued independence wherever possible, and
(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee has failed to provide a range of continence care products that promote resident comfort, ease of use, dignity and good skin integrity.

Interview with an identified resident and his/her Power of Attorney (POA) revealed that the resident is incontinent and able to toilet his/her self with limited staff assistance. The identified resident revealed he/she finds it difficult to use the briefs provided by the home, as they are difficult to pull up; the pull-ups are easier to use when toileting.

Interviews with three identified residents', POA's revealed the families informed the home during admission of the residents' continence status and preferred product. The families indicated they were providing incontinent products (pull-ups) for the above mentioned residents as the home did not offer nor provide the product. The three POA's interviewed indicated it was important to preserve the independence of their loved ones and the briefs were difficult to use.

Observations of the home's "Resident Profile Worksheet" for incontinence indicated for the three identified residents' "P/U provided by Family" and it was confirmed by registered nurse (RN) #113 and RPN #116.

Interviews conducted with PCP #112, RN #113, and RPN #116, indicated that the home does not provide pull-ups and families purchase the pull-ups for the above mentioned residents'.

Interview with DOC #111 confirmed the above mentioned residents' were using pull-ups for incontinence that their families were purchasing, as the home does not provide them.
[s. 51. (2) (h) (iii)]

**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85.
Satisfaction survey**



Specifically failed to comply with the following:

s. 85. (1) Every licensee of a long-term care home shall ensure that, at least once in every year, a survey is taken of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home. 2007, c. 8, s. 85. (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that at least once in every year, a survey is taken of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home.

Record review of the home's resident/family satisfaction survey for 2014 revealed that there were no questions included in the survey pertaining to programs provided in the home such as: falls prevention, wound care, physiotherapy and occupational therapy (OT) services. Interview with the administrator confirmed that questions measuring satisfaction with the above mentioned programs provided in the home were not included in the 2014 satisfaction survey. [s. 85. (1)]

WN #5: 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 all staff participate in the implementation of the infection prevention and control program

On November 9, 2015, during a dining observation the inspector observed staff #100 carrying three glasses of cranberry juice in each hand with his/her fingers inside the glasses. He/she placed the six glasses of cranberry juice on a table in front of each resident.

Interview with staff #100 confirmed he/she carried the glasses of cranberry juice with his/her fingers inside the glasses and was not practicing proper infection prevention and control practices.

Interview with DOC #102 confirmed that staff are expected to serve fluids utilizing the beverage cart in the dining room and staff #100 did not practice proper infection prevention and control practices. [s. 229. (4)]

Issued on this 11th day of December, 2015

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

Original report signed by the inspector.