



**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**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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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>
Apr 19, 2016	2016_229213_0012	006111-16	Complaint

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**Licensee/Titulaire de permis**

2063414 ONTARIO LIMITED AS GENERAL PARTNER OF 2063414 INVESTMENT LP  
302 Town Centre Blvd., Suite #200 TORONTO ON L3R 0E8

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

Weston Terrace Care Community  
2005 LAWRENCE AVENUE WEST TORONTO ON M9N 3V4

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

RHONDA KUKOLY (213), ALISON FALKINGHAM (518), AMIE GIBBS-WARD (630),  
DONNA TIERNEY (569)

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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): April 4, 5, 6, 7, 8, 2016**

**This inspection was completed related to ten complaints:**

**Log #002549-14 related to wounds and staffing**

**Log #009313-14 related to personal support services and staffing**

**Log #000449-15 related to personal support services**

**Log #001114-15 related to food quality and staff**

**Log #001606-15 related to cleaning**

**Log #026462-15 related to medications and wounds**

**Log #032719-15 related to wounds and meals**

**Log #034289-15 related to an allegation of abuse**

**Log #000733-16 related to communication, diet, falls and transfer**

**Log #006111-16 related to personal support services, responsive behaviours,  
meals, falls and an allegation of abuse**

**Thirteen critical incidents were also inspected concurrently while in the home.**

**Findings of non-compliance identified in critical incident inspection log #000611-16, inspection #2016\_229213\_0012 related to LTCHA 2007 s. 19 (1) duty to protect from abuse by anyone, and LTCHA 2007 s. 20 (1) prevention of abuse policy complied with, have been issued in this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care, three Assistant Directors of Care, the Food Services Supervisor, the Resident Relations Coordinator, the Director of Resident Programs, the Vice President of Operations, the Office Manager, a Registered Nurse, seven Registered Practical Nurses, 14 Personal Support Workers, a Physiotherapy Assistant, three family members and sixteen residents.**

**During the inspection, the Inspector also made observations and reviewed health care records for identified residents, internal investigation records, resident/family concerns forms, incident reports, policies and procedures, education records, and other relevant documentation.**

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



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**Dignity, Choice and Privacy  
Dining Observation  
Falls Prevention  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Responsive Behaviours  
Skin and Wound Care**

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

**3 WN(s)**

**3 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 the plan of care set out clear directions to staff and others who provide direct care to the resident.

Record review of the health care record for resident #043 revealed the resident had an identified area of impaired skin integrity.

Record review of the Consultation recommendations from the Enterostomal Therapy (ET) Nurse, the physician's orders and the resident's plan of care revealed conflicting direction related to an identified intervention related to impaired skin integrity.

Observations on April 5, 2016 and April 6, 2016 at different times by Inspector #213 revealed different implementations of the specific intervention identified in the plan of care related to the identified area of impaired skin integrity. Staff confirmed the observations on both dates.

In an interview with the Director of Care #102 on April 6, 2016, she confirmed that the plan of care did not provide clear direction for direct care staff regarding the use of the identified intervention related to the area of impaired skin integrity for resident #043. [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 the plan of care sets out clear directions to staff and others who provide direct care to the residents, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect**



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

**s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that residents were not neglected by the licensee or staff.

Record review of the health care record for resident #043 revealed staff identified an area of impaired skin integrity on an identified date. The registered staff member did not document the area in the resident's progress notes, did not report it to the resident's Power of Attorney (POA), did not report it to the resident's physician, did not notify the Registered Dietitian, did not notify the wound care specialist/Enterostomal Therapy Nurse, did not complete a skin assessment, did not update the resident's plan of care, and did not report the concern on report to alert other staff of the area of impaired skin integrity for an identified six week time frame in 2015. Review of progress notes further revealed that the area of impaired skin integrity further deteriorated over the identified six week time frame.

Staff interview with Director of Care #102 on April 6, 2016 confirmed that the resident's care was neglected related to an identified area of impaired skin integrity when a registered staff member did not complete an assessment, notify the resident's POA, notify the physician, did not update the plan of care, did not notify the ET nurse or the Registered Dietitian, did not document the concern and did not report the area of concern to other staff. [s. 19. (1)]

2. The licensee has failed to ensure that residents were protected from abuse by anyone.

Record review revealed resident #003 displayed responsive behaviours including verbal and physical aggression on three identified dates toward three different identified residents, causing physical harm on two of the three occasions.

Record review of the home's policy "Prevention of Abuse and Neglect of a Resident #VII-G-10.00" last revised January 2015 indicated that all residents had the right to dignity, respect and freedom from abuse and neglect and all employees were required immediately to report abuse of a resident by anyone that resulted in harm or risk of harm.

The Director of Care #102 confirmed in an interview on April 5, 2016 with Inspector #518, that despite all behavioural interventions, these incidents had occurred and her expectation was that all residents were to be protected from abuse by anyone. [s. 19. (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 residents are protected from abuse by anyone and free from neglect by the licensee or staff in the home, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance**

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

**s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).**

**Findings/Faits saillants :**





1. The licensee has failed to ensure that the home's Prevention of Abuse and Neglect of a Resident policy was complied with.

Record review of the home's policy "Prevention of Abuse and Neglect of a Resident" # VII-G-10.00 dated January 2015 revealed: "If any employee or volunteer witnesses an incident, or has any knowledge of an incident, that constitutes resident abuse or neglect; all staff are responsible to immediately take these steps. #3. Immediately inform the Executive Director (ED)/Administrator and/or Charge Nurse in the home".

Record review of the health record for resident #003 revealed that there was an incident of physical aggression by resident #003 toward resident #005 on an identified date causing injury. This was witnessed by staff, the residents were separated immediately, resident #005 was assessed and the incident was documented in the progress notes. The registered staff member did not report this incident to the Director of Care (DOC) or Executive Director (ED) and a Critical Incident was not submitted to the Ministry of Health and Long Term Care.

The DOC #102 confirmed in an interview on April 5, 2016 with Inspector #518, that she had not been made aware of the incident of resident to resident abuse involving resident #003. The DOC confirmed the home's expectation was that any incident of resident to resident abuse was reported to the Director of Care or Executive Director who would in turn submit a critical incident report. With this, the staff member did not follow the home's Prevention of Abuse and Neglect of a Resident policy. [s. 20. (1)]

***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's Prevention of Abuse and Neglect of a Resident policy is complied with, to be implemented voluntarily.***



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**Issued on this 19th day of April, 2016**

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

**Original report signed by the inspector.**