

**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 22, 2021	2021_937759_0005	010247-21, 010873-21, 011628-21, 011646-21, 011647-21, 011649-21, 011650-21, 011651-21, 011870-21, 016318-21, 016539-21	Critical Incident System

Licensee/Titulaire de permis

2063414 Ontario Limited as General Partner of 2063414 Investment LP
302 Town Centre Blvd. Suite 300 Markham ON L3R 0E8

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

Weston Terrace Care Community
2005 Lawrence Avenue West Toronto ON M9N 3V4

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

APRIL CHAN (704759), NITAL SHETH (500), SLAVICA VUCKO (210)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): Nov 1-5, 8-10, and 12, 2021.

The following intakes were completed in this Critical Incident Inspection:

- Log #016539-21, Log #016318-21, Log #011870-21, Log #010247-21 related to falls management;**
- Log #011628-21 related to injury of unknown cause;**
- Log #010873-21 related to responsive behaviours.**

The following Compliance Order (CO) follow-up intakes were completed during this CIS inspection:

- Log #011650-21 was related to follow up to CO #001 related to safe transfer, from inspection #2021_678590_0014;**
- Log #011651-21 was related to follow up to CO #002 related to responsive behaviours from inspection #2021_678590_0014;**
- Log #011649-21 was related to follow up to CO #003 related to maintenance, from inspection #2021_678590_0013;**
- Log #011647-21 was related to follow up to CO #005 related to safe and secure home, from inspection #2021_678590_0013;**
- Log# 011646-21 was related to follow up to CO #002, related to duty to protect from inspection #2021_678590_0013.**

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Infection Prevention and Control (IPAC) lead, Physiotherapist (PT), Behaviour Support Coordinator, Personal Support Workers (PSW), and residents.

The inspectors reviewed residents' clinical records, plans of care, pertinent policies and procedures, the home's investigative records, performed tour of the home, observed provision of care and resident and staff interactions.

The following Inspection Protocols were used during this inspection:

**Falls Prevention
Infection Prevention and Control
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours
Safe and Secure Home**

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

2 WN(s)

1 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
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #002	2021_678590_0013		210
O.Reg 79/10 s. 21. (2)	CO #005	2021_678590_0013		210
O.Reg 79/10 s. 36.	CO #001	2021_678590_0014		704759
O.Reg 79/10 s. 53. (4)	CO #002	2021_678590_0014		210
O.Reg 79/10 s. 90. (2)	CO #003	2021_678590_0013		210

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>Légende</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 O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Findings/Faits saillants :

1. The licensee has failed to ensure that a staff member used safe transferring techniques when transferring resident #015 from wheelchair to bed using a mechanical lift.

A critical incident report was submitted to the Ministry of Long-Term Care (MLTC) for resident #015 related to an injury.

Resident #015's written plan of care stated that they required total assistance from two staff members using a mechanical lift. A PSW performed a mechanical lift transfer for resident #015 from the wheelchair onto the bed without a secondary staff member. The DOC and the PSW verified that one staff assistance for resident #015 during mechanical lift transfer was unsafe due to potential risk of injury to the resident. The home's investigation notes identified that the PSW transferred resident #015 by themselves without assistance from another staff member.

Resident #015 was not transferred safely by two person assistance as per the written plan of care. The PSW did not follow procedures from the home's Zero Lift & Protocol and Safe Resident Handling policies, as they should not have performed the transfer of resident #015 using a mechanical lift by themselves, and should have sought assistance of another team member when operating any lift equipment.

Sources: Safe Resident Handling policy (revised April 2019), Zero Lift & Protocol policy (revised March 2021), the LTCH's investigation notes, resident #015's clinical records (including plan of care), interviews with DOC and other staff. [s. 36.]

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 staff members use safe transferring techniques when assisting residents, to be implemented voluntarily.

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 all staff participated in the implementation of the infection prevention and control program

During general observation on infection prevention and control practices, three residents at a dining room table received assistance from a PSW with cleansing of their faces, mouths and hands after their meal. The PSW did not perform hand hygiene before initiating care for another resident, and continued cleaning three residents' faces, mouths and hands using separate wipes. As per the home's Hand Hygiene policy, hand hygiene includes the use of alcohol-based hand rub or hand washing with soap and water. The IPAC lead verified that hand hygiene should have been performed by the staff member between residents while assisting residents in the dining room. The PSW did not follow routine hand hygiene practices and identified that hand hygiene is required before and after assisting two residents by using two separate clean hands. They did not explain the expected hand hygiene procedure that should have occurred between each resident.

The PSW did not perform hand hygiene as indicated in the home's Hand Hygiene policy, as they should have routinely performed hand washing or used alcohol-based hand rub on their hands before and after close contact with each resident. The staff member did not correctly identify the hand hygiene procedures as required by the home's IPAC program.

Sources: Hand Hygiene policy (revised April 2019), Infection Prevention & Control – Orientation & Training of Team Members policy revised (April 2019), and interviews with the PSW and IPAC lead. [s. 229. (4)]

Issued on this 8th day of December, 2021

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

Original report signed by the inspector.