

Ministry of Health
and Long-Term Care

Health System Accountability and
Performance Division
Performance Improvement and Compliance Branch
Toronto Service Area Office

55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Telephone: 416-325-9297
1-866-311-8002

Facsimile: 416-327-4486

Ministère de la Santé
et des Soins de longue durée

Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la performance
et de la conformité
Bureau régional de services de Toronto

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OCT 27 2010

Ms. Theresa Berdoe
Executive Director
Westside
1145 Albion Road
Etobicoke ON M9V 4J7

Dear Ms. Berdoe:

Please find enclosed the **Inspection Report-Public Copy** for an inspection conducted **September 13, 14, 2010** under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79-(1) and (2).

A copy of the **Inspection Report-Public Copy** must be made available without charge upon request. The report will also be on file with the Toronto Service Area Office, Performance Improvement and Compliance Branch.

Sincerely,

A. Marsillo

for Cathy Palmer
LTC Homes Inspector

A. Marsillo
for Tiina Tralman
LTC Homes Inspector



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

**Rapport d'inspection
prévus le *Loi de 2007
les foyers de soins de
longue durée***

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☐ Licensee Copy/Copie du Titulaire

☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection
September 13th and 14th, 2010

Inspection No/d'inspection
2010_152_2663_10Sep121730

Type of Inspection/Genre d'inspection
Complaint T 0648

Licensee/Titulaire

Revera Long Term Care Inc.
55 Standish Court, 8th Floor, Mississauga, Ontario, L5R 4B2

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

Westside
1145 Albion Road, Etobicoke, Ontario, M9V 4J7

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

Cathy Palmer (#152) and Tiina Tralman (#162)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector(s) spoke with: Administrator,
Director of Care,
Nutrition Manager,
Registered Dietitian,
Personal Support Workers,
Dietary Aide,
Residents, and
Visitors

During the course of the inspection, the inspector(s): reviewed resident files, observed meal service.

The following Inspection Protocols were used in part or in whole during this inspection:

- Nutrition and Hydration Inspection Protocol
- Food Quality Inspection Protocol

1 Finding of Non-Compliance were found during this inspection. The following action was taken:

1 WN

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with the LTCHA 2007, S.O. 2007, c. 8, s. 6 (9) 3. The licensee shall ensure that the following are documented: 3. The effectiveness of the plan of care. 2007, c.8, s. 6 (9).

Findings:

1. There is no documented evaluation of the effectiveness of an identified resident's plan of care related to current non-triggered clinical and nutrition problems and interventions.

Inspector ID #: 152 and 162

Additional Required Actions:

None

Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.

Cathy Palmer 

Tiina Tralman 

Title: **Date:**

Date of Report: (if different from date(s) of inspection).

September 20, 2010