

**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**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de
Hamilton
119, rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 24, 2021	2021_911506_0001	023652-20, 023653- 20, 001145-21, 003997-21, 012205-21	Critical Incident System

Licensee/Titulaire de permis

Barton Retirement Inc.
1430 Upper Wellington Street Hamilton ON L9A 5H3

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

The Wellington Nursing Home
1430 Upper Wellington Street Hamilton ON L9A 5H3

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

LESLEY EDWARDS (506)

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): August 12, 13, 16, 17, 18 and 20, 2021.

This inspection was completed related to the following Critical Incident System (CIS) intakes:

**Log #012205-21- for CIS 2784-000008-21 for fall prevention and management;
Log #003997-21- for CIS 2784-000003-21 for fall prevention and management and
Log #001145-20- for CIS 2784-000001-21 for medication management.**

The following Follow Up (FU) Inspections were completed:

**Log #023653-20- for preventative maintenance;
and
Log #023652-20- for not following policies and procedures for preventative
maintenance.**

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Infection Control Manager, Personal Support Workers, Maintenance Manager, Resident Support Service Manager, housekeeping staff and residents.

During the course of the inspection, the inspector completed an Infection Prevention and Control (IPAC) checklist, cooling requirements, observed resident care, meal and snack service, medication pass, reviewed resident health records, reviewed audits, conducted interviews and reviewed relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Falls Prevention

Infection Prevention and Control

Medication

Safe and Secure Home

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

- 1 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:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 8.	CO #002	2020_607523_0032		506
O.Reg 79/10 s. 90. (1)	CO #001	2020_607523_0032		506

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. 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 in relation to resident hand hygiene at snack time times.

The home's policy, "Hand Hygiene - Residents", stated "resident hand hygiene will be performed before and after meals.

- i. On an identified date in August 2021, on the first and second floor, several residents were observed to be receiving food by staff as part of the home's scheduled activity program and residents were not offered hand hygiene prior to receiving their food.
- ii. On an identified date in August 2021, an observation of the snack pass on a specified floor was observed and four residents were not offered hand hygiene prior to receiving their snack, which was confirmed by PSW #116.

The Infection Control Manager confirmed it was an expectation of staff to offer residents hand hygiene before snack and meal times as per the policy.

Not offering hand hygiene when indicated increased risk to residents as it served as a mechanism to prevent the transmission of infection.

Sources: the home's policy, "Hand Hygiene-Residents - Policy No :INF-II-27-A", revised date January 2021, a program and snack observation and interviews with staff. [s. 229. (4)]

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 all staff participated in the implementation of the infection prevention and control program in relation to resident hand hygiene at snack time times, to be implemented voluntarily.

Issued on this 24th day of August, 2021

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

Original report signed by the inspector.