Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Original Public Report

Report Issue Date: February 16, 2024

Inspection Number: 2024-1275-0001

Inspection Type:
Proactive Compliance Inspection

Licensee: DTOC III Long Term Care LP by its general partner, DTOC III Long Term Care MGP (a general partnership), by its partners, DTOC III Long Term Care GP Inc. and Arch Venture Holdings Inc.

Long Term Care Home and City: The Wellington Nursing Home, Hamilton

Lead Inspector	**Inspector Digital Signature**
Lesley Edwards (506)	Lesley E Edwards Digitally signed by Lesley E Edwards Date: 2024.02.23 08:47:23 -05'00'

Additional Inspector(s)
Klarizze Rozal (740765)

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: February 7, 8, 9, 12, 13 and 15, 2024

The following intake was inspected:

- Intake: #00108141 - Proactive Compliance Inspection (PCI) for The Wellington Nursing Home.

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

Skin and Wound Prevention and Management

Resident Care and Support Services
Medication Management
Food, Nutrition and Hydration
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: FLTCA, 2021, s. 6 (1) (c)
Plan of care
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, (c) clear directions to staff and others who provide direct care to the resident.

The licensee has failed to ensure that a resident's written plan of care had set out

clear directions to staff and others who provide direct care to the resident.

Rationale and Summary
A resident's written plan of care indicated under bathing the resident was to receive their bath once weekly and also twice weekly. The Manager of Clinical Information acknowledged that the bathing care plan did not give clear directions for staff and revised the resident's care plan to reflect the resident's preference.

Sources: A resident's clinical records; interview with resident and the Manager of Clinical Information.
[740765]

Date Remedy Implemented: February 13, 2024

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in their plan.

Rationale and Summary
A resident's plan of care specified they were to use an adaptive aide during their meals when needed. During an observation the resident was not provided with the adaptive aide as required. The Personal Support Worker (PSW) acknowledged they were aware of the adaptive aide and provided the aide to the resident immediately.

Sources: A resident's care plan; observation of resident and interview with PSW.
[506]

Date Remedy Implemented: February 8, 2024

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: FLTCA, 2021, s. 85 (3) (d)
Posting of information
s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(d) an explanation of the duty under section 28 to make mandatory reports.

The licensee has failed to ensure that an explanation of the duty under section 28 to make mandatory reports was posted in the home.

Rationale and Summary
The explanation of the duty under section 28 to make mandatory reports was not posted in the home. The Director of Care (DOC) acknowledged the document was not posted and it was posted the same day in the Family and Resident Information Binder.

Sources: Review of the Family and Resident Information Binder and interview with the DOC.
[740765]

Date Remedy Implemented: February 8, 2024

NC #004 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: FLTCA, 2021, s. 85 (3) (l)

Posting of information
s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(l) copies of the inspection reports from the past two years for the long-term care home.

The licensee has failed to ensure that copies of inspection reports from the past two years for the long-term care home were posted in the home.

Rationale and Summary
A copy of the last inspection report issued in October 2023 was not posted in the home. The DOC acknowledged the report was not posted and it was posted the same day in the Family and Resident Information Binder.

Sources: Review of the Family and Resident Information Binder and interview with the DOC.
[740765]

Date Remedy Implemented: February 8, 2024

NC #005 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: FLTCA, 2021, s. 85 (3) (r)
Posting of information
s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(r) an explanation of the protections afforded under section 30.

The licensee has failed to ensure that an explanation of the protections afforded under section 30, whistle-blowing protections was posted in the home.

Rationale and Summary

The explanation of the protections afforded under section 30, whistle-blowing protections, was not posted in the home. The DOC acknowledged the document was not posted and it was posted the same day in the Family and Resident Information Binder.

Sources: Review of the Family and Resident Information Binder and interview with the DOC.
[740765]

Date Remedy Implemented: February 8, 2024

NC #006 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.
Doors in a home
s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
3. 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.

The licensee has failed to ensure that all doors leading to non-residential areas were kept closed and locked when they were not being supervised by staff.

Rationale and Summary
During the initial tour of the home, an equipment room's door on Gage West home area was observed open. The equipment room stored the oxygen tank to refill portable tanks and the supplemental oxygen concentrators. Registered Nurse (RN) acknowledged that the door should have been closed as residents should not have access to the items in the room. The RN closed the door immediately.

Sources: Observations; Safe and Secure Home Policy, Index I.D. E-110, revised April 2023 and interview with RN**.**
[740765]

Date Remedy Implemented: February 7, 2024

NC #007 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.
Posting of information
s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:
10. The current version of the visitor policy made under section 267.

The licensee has failed to ensure that the home's current version of their visitor policy was posted in the home and communicated to residents.

Rationale and Summary

The home's current visitor policy was not posted in the home. The DOC acknowledged the policy was not posted in the home and it was posted on the same day in the Family and Resident Information Binder.

Sources: Review of the Family and Resident Information Binder and interview with the DOC.
[740765]

Date Remedy Implemented: February 8, 2024

WRITTEN NOTIFICATION: Powers of Residents' Council

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 63 (1) 9. i.
Powers of Residents' Council
s. 63 (1) A Residents' Council of a long-term care home has the power to do any or all of the following:
9. Review,
i. inspection reports and summaries received under section 152,

The licensee has failed to ensure that the Residents' Council was provided with inspection reports and summaries to review as received under section 152 of FLTCA.

Rationale and Summary
The 2023 Residents' Council Meeting Minutes did not include all copies of Ministry of Long-Term Care Inspection Reports for inspections conducted in 2023, as acknowledged by the Program Manager.

Sources: Review of Residents' Council Meeting Minutes and interview with the Program Manager.
[506]

WRITTEN NOTIFICATION: Powers of Family Council

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 66 (3)

Powers of Family Council
s. 66 (3) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing.

The licensee has failed to ensure that when the Family Council advised them of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee within 10 days of receipt the advice, responded to the Family Council in writing.

Rationale and Summary
Review of 2023, Family Council Meeting Minutes identified several concerns which were made by the council to the licensee and a response was not provided to the council, in writing, within 10 days, as acknowledged by the Program Manager.

Sources: Review of Family Council Meeting Minutes and interviews with the Program Manager and other staff.
[506]

WRITTEN NOTIFICATION: Retraining

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 82 (4)
Training
s. 82 (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations.

The licensee has failed to ensure that the persons who received training under

subsection (2) received the retraining in the areas mentioned in that section at the intervals as provided for in the regulations.

Rationale and Summary
FLTCA s. 82 (1) identified that all staff in the home were to receive training in the areas as required.
FLTCA s. 82 (2) identified that training was required in the areas, including: the home's policy to promote zero tolerance of abuse and neglect and the duty under section 28 to make mandatory reports.
O. Reg. 246/22 s. 260 (1) identified the retraining was to be completed at annual intervals.

Course completion training records for staff training on Zero Tolerance of Resident Abuse and Neglect identified that in 2023, only 78.4 per cent of the staff completed the required training.
There was a risk that not all staff were familiar with the home's policy to promote zero tolerance of abuse and neglect of residents and the duty under section 28 to make mandatory reports, when they did not receive annual retraining as required.

Sources: Training records and interview with the DOC.
[506]

WRITTEN NOTIFICATION: Directives by Minister

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 184 (3)
Directives by Minister
s. 184 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home.

The licensee has failed to ensure that where the Act required the Licensee of a long-term care home to carry out every operational Minister's Directives that applies to the long-term care home, the operational Minister's Directive was complied with.

In accordance with the Minister's Directive: Coronavirus (COVID-19) response measures for long-term care homes, the Licensee was required to ensure that regular Infection Prevention and Control (IPAC) self-assessment audits were conducted in accordance with the COVID-19 Guidance Document for Long-Term Care Homes in Ontario.

Rationale and Summary
The Minister's Directive stated that when the home is not in an outbreak, the home is to conduct regular IPAC self-audits following at a minimum the Public health Ontario (PHO) COVID-19 Self- Assessment Audit Tool for Long-Term Care Homes and Retirements Homes, at least quarterly, in alignment with the requirement under the IPAC standard. When a home is in COVID-19 outbreak, IPAC audits must be completed weekly.

The home was in a COVID-19 outbreak in December 2023, until a specified time in January 2024. IPAC self-assessment audits were not completed weekly and the IPAC Manager acknowledged that IPAC self-assessments audits were not conducted at the frequency of the Minister's Directive.

Failure to ensure that weekly IPAC self-assessments audits were conducted in accordance with the Minister's Directive COVID-19 response measures for long-term care homes, increased resident risks for transmission.

Sources: Minister's directives: COVID-19 response measures for long-term care

homes August 30, 2022, PHO's COVID-19 Self-Assessment Audit Tool for Long-Term Care Homes and interview with the IPAC Manager.
[740765]

WRITTEN NOTIFICATION: Food Production

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 78 (2) (f)
Food production
s. 78 (2) The food production system must, at a minimum, provide for,
(f) communication to residents and staff of any menu substitutions.

The licensee has failed to ensure that planned menu substitutions were communicated to residents and staff.

Rationale and Summary
During an observation in February 2024, in the dining room. The dietary aide (DA) was offering residents melon and ambrosia salad for dessert, however; the menu board stated dessert was to be pears and ambrosia salad.
The Food Service Manager (FSM) acknowledged that the menu substitution was not communicated to residents and staff prior to the meal service.

Sources: Meal observation; menu review and interview with FSM.

[506]

WRITTEN NOTIFICATION: Dining and Snack Services

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 7.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

7. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.

The licensee has failed to ensure that the residents were served their meals course by course.

Rationale and Summary

During an observation in February 2024, in the dining room identified the DA was serving residents their desserts prior to their entrée being finished and cleared away. Several residents were observed to be eating their desserts and had not finished their entrées that were left on the table.

By not serving the residents meals course by course, residents may not have consumed their required caloric intake.

Sources: Meal observation and interview with FSM

[506]