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

Public Report

Report Issue Date: February 7, 2025
Inspection Number: 2025-1275-0001
Inspection Type: Critical Incident
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

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 3-7, 2025

The following intake(s) were inspected:

- Intake: #00130474 - Critical incident (CI) 2784-000008-24 - Related to falls prevention and management.

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

Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)
Plan of care
s. 6 (10) The licensee shall ensure that the resident is reassessed, and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee failed to ensure that a resident was reassessed, and their plan of care was revised when their care needs changed. Staff implemented a new intervention that was not identified in the resident's plan of care. A registered staff confirmed they were not aware of the change, and the resident was not assessed for this concern.

Sources: Plan of care for a resident, observations and interviews with staff.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

A) In accordance with Additional Requirement 9.1 the licensee shall ensure that

Routine Practices and Additional Precautions are followed in the IPAC program. Under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the Licensee has failed to ensure, f) Additional PPE requirements including application of PPE were applied when a staff in an outbreak unit were observed not wearing their mask.

Sources: Observations of staff, interviews with staff and the IPAC lead.

B) In accordance with Additional Requirement 7.3, under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that the IPAC lead audited and tracked regularly (at least quarterly) the IPAC skills required of all staff in their role. They did not complete and track audits of IPAC skills for roles of non-direct care staff.

Sources: Record reviews of Audits, interviews with the IPAC lead.

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