

Inspection Report under the Long-Term Care Homes Act, 2007 Ministère de la Santé et des Soins de longue durée

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Health System Accountability and Performance Division Performance Improvement and Compliance Branch

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 6, 2014	2014_247508_0007	H-000554- 13	Complaint
Licensee/Titulaire de	permis		· · · · · · · · · · · · · · · · · · ·
BARTON RETIREMEI	NT INC.	-	
1430 UPPER WELLIN	IGTON STREET, HAMILT	TON, ON, L9A-5	5H3
Long-Term Care Hon	ne/Foyer de soins de lor	ngue durée 🕝	
THE WELLINGTON N	URSING HOME		
1430 UPPER WELLIN	IGTON STREET, HAMILT	TON, ON, L9A-5	5H3
Name of Inspector(s)	/Nom de l'inspecteur οι	ı des inspecteu	ırs
ROSEANNE WESTER	RN (508)		
Ins	pection Summary/Résu	mé de l'inspec	tion



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

This inspection was conducted on the following date(s): February 25, February 26, February 27, 2014

This complaint inspection was conducted concurrently with a follow up inspection #2014_247508_0008

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care(DOC), Assistant Director of Care(ADOC), registered staff, Personal Support Workers(PSW's), Resident Assessment Instrument(RAI)Co-ordinator and residents.

During the course of the inspection, the inspector(s) toured the home, observed provision of care and services provided, and reviewed relevant documents including, but not limited to: policies and procedures and clinical records.

The following Inspection Protocols were used during this inspection: Continence Care and Bowel Management

Findings of Non-Compliance were found during this inspection.



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Legend	RESPECT DES EXIGENCES Legendé	
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités	
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 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.	
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non- respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.	

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping

Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants:



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1. The licensee did not ensure that as part of the organized program of housekeeping under clause 15 (1) (a) of the Act, that procedures were developed and implemented for addressing incidents of lingering offensive odors.

It was observed on February 25, February 26, and February 27, 2014 that in a room shared by four residents, three out of the four residents were using urinals. On February 25, 2014, two urinals containing a moderate amount of concentrated urine sat on the resident's bedside tables for an excess of three hours. The room and the hallway outside the room had a strong odor of urine when toured at 1020 hours, 1230 hours, 1415 hours, and 1500 hours.

On February 26, 2014, during a tour of the facility, it was observed that there was a strong odor of urine in two resident's rooms that was also present in the hallway outside of these rooms. It was observed that in one of the rooms, two urinals containing urine were sitting on resident's bedside tables at 1100 hours. A urinal containing a small amount of residue was sitting on the bathroom counter in another room. A strong odor of urine was present in the resident's room, bathroom and outside in the hallway.

On February 27, 2014, a strong odor of urine was noted in two resident's rooms which was also present in the hallway outside the rooms at 1015 hours, 1130 hours, and 1430 hours.

It was confirmed by the Administrator and the Assistant Director of Care that the two resident's rooms have lingering urine odors. [s. 87. (2) (d)]

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:



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1. The licensee had not ensured that the staff participated in the implementation of the infection control program.

It was observed on February 25, February 26, and February 27, 2014 that in two residents rooms, each shared by four residents, that the residents urinals were not labeled. It was observed in a resident's room that three out of the three urinals that were not labeled were being used by residents throughout the period of this inspection.

On February 26, and February 27, 2014 in another resident's room, it was observed that an unlabeled urinal was sitting on the counter in the residents bathroom shared by four residents.

It was confirmed by the Associate Director of Care that the residents urinals should have be labeled to identify to staff which resident's they belonged to. [s. 229. (4)]

Issued on this 10th day of March, 2014

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