



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

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

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
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Date(s) of inspection/Date de l'inspection July 29, 30, 2010	Inspection No/ d'inspection 2010-173-2784-28Jul162931	Type of Inspection/Genre d'inspection Complaint Log #H00149
Licensee/Titulaire Barton Retirement Inc. 1430 Upper Wellington Street, Hamilton, Ontario L9A 5H3		
Long-Term Care Home/Foyer de soins de longue durée The Wellington Nursing Home 1430 Upper Wellington Street, Hamilton, Ontario L9A 5H3		
Name of Inspector(s)/Nom de l'inspecteur(s) Lesia Wulff, (173), LTC Homes Inspector - Nursing		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a complaint inspection related to resident care needs.</p> <p>During the course of the inspection, the inspector(s) spoke with: Members of the management team including the Administrator, Director of care, RAI-MDS coordinator, registered staff, PSW staff.</p> <p>During the course of the inspection, the inspector(s): Reviewed archived clinical record, plan of care, RAI-MDS data.</p> <p>The following Inspection Protocols were used during this inspection: Falls Prevention Inspection Protocol Nutrition and Hydration Inspection Protocol</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken: 2 WN</p>		

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 Long Term Care Homes Standards and Criteria

Criteria B1.6: 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, the resident's care needs change or care set out in the plan is no longer necessary

Findings:

1. An identified resident sustained a fall in 2010 that resulted in a fractured right femur. This resident was also diagnosed with a urinary tract infection in 2010. Plan of care was not updated to reflect these changes in the resident's health status or the care needs required as a result of these changes in condition.
2. An identified resident was diagnosed with pneumonia in 2010. A plan of care was not revised to include this change in health status and interventions related to the care needs required as a result of this change in condition.

Inspector ID #: 173



WN #2: The Licensee has failed to comply with: LTCHA, 2007, S.O.2007, C8, S6(10)(b)
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.

Findings:

1. The plan of care for an identified resident was not revised to include interventions added by Registered Dietician in order to facilitate communication of resident needs.
2. Registered Dietician assessed resident on July 14, 2010 and documented recommended interventions that included adding a magic pudding cup at lunch and jello at the PM snack. Staff were also recommended to encourage resident's intake of fluids with each meal/medication pass.

Inspector ID #: 173

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.

Revised for the purpose of publication.
Trish resigned Aug 5/11

Title: Date:

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