



**Ministry of Health and
Long-Term Care**

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

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

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

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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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
Sep 15, 2016	2016_271532_0019	026324-16	Resident Quality Inspection

Licensee/Titulaire de permis

CORPORATION OF THE COUNTY OF WELLINGTON
74 WOOLWICH STREET GUELPH ON N1H 3T9

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

WELLINGTON TERRACE LONG-TERM CARE HOME
474 Wellington Road 18 FERGUS ON N1M 0A1

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

NUZHAT UDDIN (532), JANETM EVANS (659), MARIAN MACDONALD (137)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): August 30, 31, September 1, 2, 6, 7, 8, 9, 2016.

The following critical incident systems (CIS) inspections were completed within this RQI:

Log # 006806-16 CIS # M629-000003-15 related to abuse

Log # 001749-16 CIS # M629-000001-16 related to abuse

Log # 015048-16 CIS # M629-000003-16 related to falls prevention

Log # 020876-16 CIS # M629-000002-16 related to falls prevention

Log # 022492-16 CIS # M629-000005-16 related to falls prevention

Log # 027257-16 CIS # M629-000008-16 related to responsive behaviours

During the course of the inspection, the inspector(s) spoke with the Administrator, Assistant Administrator, Director of Care, Resident Care Coordinator, Environmental Service Manager, Social Service Worker, Resident Assessment Instrument (RAI) Coordinator, Behaviour Supports Ontario Staff (BSO), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Housekeeping staff, Family and Residents' Council Representatives, residents and family members.

Inspectors also toured the resident home areas and common areas, medication rooms, spa rooms, observed resident care provision, resident/staff interaction, dining services, medication administration, medication storage areas, reviewed relevant residents' clinical records, posting of required information, relevant policies and procedures, as well as meeting minutes pertaining to the inspection, and observed general maintenance and cleaning of the home.

The following Inspection Protocols were used during this inspection:



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**Contenance Care and Bowel Management
Falls Prevention
Infection Prevention and Control
Medication
Nutrition and Hydration
Pain
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Skin and Wound Care**

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

**3 WN(s)
2 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	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
<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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).



Findings/Faits saillants :

1. Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee has failed to ensure that the plan, policy, protocol, procedure, strategy or system was complied with.

Under Ontario Regulations 79/10, as part of the medication management system, the home is required to have a drug destruction and disposal policy.

During interviews with RPNs it was stated that individual doses of narcotic and controlled medications that were refused by residents at the time of administration were placed in an unlabeled baggie with a mixture of water, soap and/or hand sanitizer and placed in a drawer in the medication room until they were sent for disposal.

During an observation on a specified date, it was determined that these medication destruction drawers on each unit did not have the ability to be locked.

The home's policy on Destruction and Disposal, stated that "Monitored medications that they were to be destroyed and disposed of were to be retained in a double-locked area within the home, separate from those medications available for administration to a resident."

Registered Nurse confirmed that the destruction drawers in the medication rooms on the units were not locked and that some would contain narcotic or controlled substances.

Director of Care confirmed that policy had not been followed in that the controlled substances for disposal were not maintained under a double lock system prior to their disposal. [s. 8. (1) (b)]



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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal

Specifically failed to comply with the following:

s. 136. (3) The drugs must be destroyed by a team acting together and composed of,

(a) in the case of a controlled substance, subject to any applicable requirements under the Controlled Drugs and Substances Act (Canada) or the Food and Drugs Act (Canada),

(i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and

(ii) a physician or a pharmacist; and O. Reg. 79/10, s. 136 (3).

Findings/Faits saillants :



1. The licensee has failed to ensure that when controlled substances were destroyed it was completed by a team acting together and composed of one member of the registered nursing staff and a physician or pharmacist.

On a specified date during a medication storage/destruction review and interviews on the six home areas. RPNs stated that individual doses of controlled substances or narcotics that residents refused would be put in a baggie and crushed and mixed in water, hand sanitizer and soap. These baggies were placed in a unlocked medication destruction drawer on the home area and would be given to the responsible nurse approximately once a month for disposal.

During an observation, it was noted that baggies with unidentified medication in a liquid or semi solid state were kept in the medication destruction drawers on each unit.

The home's policy on Drug Destruction and Disposal, dated January 2014, stated that "monitored medications were to be destroyed by the team of physician or pharmacist and a nursing staff delegate. A physician or pharmacist and the Director of Care (or registered staff delegate) would destroy(denature) the narcotic and controlled medications on site according to the legislated requirements."

During an interview with Director of Care, she confirmed that the individual doses of narcotics that were refused by residents were destroyed by two registered staff on the home area and not by a team acting together and composed of one member of the registered nursing staff and a physician or pharmacist. [s. 136. (3) (a)]

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 when controlled substances were destroyed it was completed by a team acting together and composed of one member of the registered nursing staff and a physician or pharmacist, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service



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Specifically failed to comply with the following:

**s. 73. (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:
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council. O. Reg. 79/10, s. 73 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the dining and snack service included a review of the meal and snack times by the Residents' Council.

A member of the Residents' Council shared that they could not remember discussing the snack times or the meal times at the Residents' Council.

Social Service Worker, an appointed assistant to the Residents' Council reviewed the minutes for the Council meetings for a specified time frame and reported that review of the meal times was not documented.

The Director of Care acknowledged that the dining and snack service including a review of the meal and snack times by the Residents' Council was not done. [s. 73. (1) 2.]

Issued on this 16th day of September, 2016

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

Original report signed by the inspector.