

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

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

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

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 2, 2021	2021_921769_0004	014122-21	Critical Incident System

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**Licensee/Titulaire de permis**

Corporation of the County of Wellington  
74 Woolwich Street Guelph ON N1H 3T9

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

Wellington Terrace Long-Term Care Home  
474 Charles Allan Way Fergus ON N1M 0A1

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

BRITTANY NIELSEN (705769)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): November 22, 24-25, 29, 2021.**

**The following intakes were completed in this Critical Incident System (CIS) inspection:**

**Log # 014122-21 related to an unexpected death from complications of a fall with a head injury.**

**Inspector Sharon Perry (155) was present during the inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Assistant Administrator, the Director of Care (DOC), the Resident Care Manager (RCM), a Registered Practical Nurse (RPN), a Personal Support Worker (PSW), Environmental Services Workers (ESWs), and a Nutrition Services Worker (NSW).**

**The inspector observed residents and their home areas, staff Infection Prevention and Control (IPAC) practices, reviewed relevant clinical records, home policies and procedures, and the corresponding critical incident (CI) report.**

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

**Falls Prevention**

**Infection Prevention and Control**

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

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<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. 229. Infection prevention and control program**

**Specifically failed to comply with the following:**

**s. 229. (9) The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home's IPAC program included a hand hygiene program for residents in accordance with evidence-based practices.

As per Public Health Ontario (PHO), Just Clean Your Hands Long-Term Care Home (JCYH – LTCH) Implementation Guide, staff are to assist residents to perform hand hygiene before and after meals or snacks. The home's IPAC policies did not include hand hygiene procedures for residents in relation to meals and snacks.

During the course of the inspection, the following was observed:

Multiple residents were observed entering and exiting the dining room either assisted by staff or independently before and after their lunch meal on three resident units. These residents were not encouraged, reminded or assisted to perform hand hygiene by staff before or after their meal.

Multiple residents were provided a snack by staff and were not encouraged, reminded or assisted to perform hand hygiene by staff before their snack on two resident units.

By not ensuring that the home's hand-hygiene program was in accordance with evidence-based practices, there was potential risk for the spread of infectious microorganisms.

Sources: observations of lunch meals and snacks, the home's Hand Hygiene policy (#IC1-11, revised July 2021), JCYH - LTC Implementation Guide (September 2009), interviews with staff. [s. 229. (9)]

***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 there is in place a hand hygiene program in accordance with evidence-based practices, to be implemented voluntarily.***

**Issued on this 3rd day of December, 2021**

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

**Original report signed by the inspector.**