Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central West Service Area Office
609 Kumpf Drive, Suite 105
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Telephone: 1-888-432-7901
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Original Public Report

Report Issue Date June 17, 2022
Inspection Number 2022_1624_0001
Inspection Type
☐ Critical Incident System ☐ Complaint ☐ Follow-Up ☐ Director Order Follow-up
☒ Proactive Inspection ☐ SAO Initiated ☐ Post-occupancy
☐ Other _____

Licensee
Corporation of the County of Wellington

Long-Term Care Home and City
Wellington Terrace Long-Term Care Home, Fergus

Lead Inspector
Nuzhat Uddin (532)

Additional Inspector(s)
Katherine Adamski (753)
Maya Kuzmin (741674) was also present during this inspection.

Inspector Digital Signature
Nuzhat Uddin
2022.06.17 17:02:42
-04'00'

INSPECTION SUMMARY

The inspection occurred on the following date(s): May 30, 31, June 1-3, 6-9, 2022.

The following intake(s) were inspected:

Intake: #010130-22 related to a proactive compliance inspection

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

- Falls Prevention and Management
- Food, Nutrition and Hydration
- Infection Prevention and Control (IPAC)
- Medication Management
- Pain Management
- Palliative Care
- Prevention of Abuse and Neglect
- Resident Care and Support Services
- Residents' and Family Councils
- Residents' Rights and Choices
- Safe and Secure Home
- Skin and Wound Prevention and Management

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INSPECTION RESULTS

NON-COMPLIANCE REMEDIED

Non-compliance was found during this inspection and was ***remedied*** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154(2) and requires no further action.

NC#01 remedied pursuant to FLTCA, 2021, s. 154(2)

O. Reg. 246/22 s. 6 (10)(b)

A resident did not have their plan of care reviewed and revised related to the assistive device that they required.

The DOC completed the review and revised the plan of care when notified by the Long-term Care Homes (LTCH) inspector.

Date Remedy Implemented: June 9, 2022 [753]

NC#02 remedied pursuant to FLTCA, 2021, s. 154(2)

O. Reg. 246/22 138 (1)(b)

The controlled substances for destruction were stored inside a cupboard in a separate locked area, however, it was not stationary.

The DOC confirmed with an Inspector that they had bolted the controlled substances for the destruction cupboard to the ground.

Date Remedy Implemented: June 9, 2022 [532]

WRITTEN NOTIFICATION AIR TEMPERATUE

NC#03 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 r. 24 (3)

The licensee has failed to ensure that the temperatures required to be measured under subsection (2) were measured and documented at least once every morning and once every afternoon between 12 p.m. and 5 p.m. Subsection (2) specified that temperatures must be measured and documented in writing, at a minimum in at least two resident bedrooms in different parts of the home and one resident common area on every floor of the home, which may include a lounge, dining area or corridor.

Rationale and Summary

The home's Heat Related Illness Prevention and Management Plan directed Maintenance to monitor the home's cooling system three times per day. Temperatures were to be taken at least, once every morning, every afternoon between 12 and five in the afternoon, and once in the night. The following locations were to be monitored; two resident bedrooms in different parts of the home and one resident common area on every floor of the home.

The home's Air Temperature Reading Records from May 15 to June 7, 2022, showed that the temperatures were not measured and documented in the home in two resident rooms and one resident common area on every floor of the home on 9 occasions:

- May 15, 16, 2022, between 0700 and 1100 hours;
- May 23, 30, 31, 2022, between 1200 and 1700 hours;
- June 5, 2022, between 0700 and 1100 hours;
- June 3, 4, 5, 2022, between 1200 and 1700 hours.

There was minimal risk to residents resulting from the air temperatures not being monitored and documented at the required intervals.

Sources: Interview with maintenance staff and other staff, the home's Heat Related Illness Prevention and Management Plan (ER1-20, page 6) and Air Temperature Reading Records for May and June 2022.

[753]

WRITTEN NOTIFICATION POLICIES AND RECORDS

NC#04 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 11(1)(b)

The licensee has failed to ensure that 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, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system, is complied with.

Rationale and Summary

O. Reg. 246/22 s.123.(2) the licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

Specifically, staff did not comply with the home's policy titled "Administering Routine Medications", last reviewed April 2002, that directed registered staff to prepare for each resident's medication by following the Resident's MAR/Treatment Administration Record sheet, ensuring competence, safety and authority according to the College of Nurses of Ontario

(CNO) medication practice standard. Competence, safety and authority are always verified before any medication is administered according to the CNO medication practice standard.

A registered staff did not supervise or remain with the resident after providing them with a medication. There were three other residents sitting at the same dining room table.

The DOC stated that the registered staff were to follow the CNO practice standard and the rights of medication administration before administering the medications to the resident.

Not supervising a resident during a medication administration pass placed the resident and other residents at moderate risk of harm.

Sources: Administering Routine Medications policy, medication administration observation, interview with an RPN and the DOC.

[532]