



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 prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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Public Copy/Copie du public

Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Jul 22, Aug 3, 10, 11, 2011; 2011_044161_0012; Critical Incident

Licensee/Titulaire de permis
DEEM MANAGEMENT LIMITED
2 QUEEN STREET EAST, SUITE 1500, TORONTO, ON, M5C-3G5

Long-Term Care Home/Foyer de soins de longue durée
WELLINGTON HOUSE NURSING HOME
990 EDWARD STREET NORTH, P.O. BOX 1510, PRESCOTT, ON, K0E-1T0

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs
KATHLEEN SMID (161)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the licensee's administrator, Director of Care, Registered Nurse and Maintenance Supervisor.

During the course of the inspection, the inspector(s) reviewed the health record of an identified resident, three Critical Incidents and opened the licensee's doors leading to the outside.

The following Inspection Protocols were used in part or in whole during this inspection:

- Critical Incident Response
Personal Support Services
Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

<p>Definitions</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Définitions</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>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>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</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. 9. Doors in a home

Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home must be,
 - i. kept closed and locked,
 - ii. equipped with a door access control system that is kept on at all times, and
 - iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
 - A. is connected to the resident-staff communication and response system, or
 - B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.
2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.
3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.
4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9.

Findings/Faits sayants :



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1. The licensee failed to comply with s. 9(1) (i) to ensure that doors leading to the outside of the home are kept locked.
2. On June 24, 2011 an identified resident left the home via the staff door to the outside. On July 22, 2011 the Maintenance Supervisor stated that the "mag lock repair man found a loose wire and the magnet failed intermittently."
3. The licensee failed to comply with s. 9(1)(iii) to ensure that doors leading to the outside of the home are equipped with an audible door alarm that allows calls to be cancelled only at the point of activation.
4. On July 22, 2011 the inspector opened the North door leading to the outside and held the door open until the audible door alarm was activated. The inspector closed the door and the audible door alarm cancelled itself.
5. On July 22, 2011 the inspector opened the East door leading to the outside and held the door open until the audible door alarm was activated. The inspector closed the door and the audible door alarm cancelled itself.
6. On July 22, 2011 the inspector opened the Staff entrance door leading to the outside and held the door open until the audible door alarm was activated. The inspector closed the door and the audible door alarm cancelled itself.
7. On July 22, 2011 the inspector opened the Delivery door leading to the outside and held the door open until the audible door alarm was activated. The inspector closed the door and the audible door alarm cancelled itself.
8. On July 22, 2011 inspector opened the Dining room door leading to the outside and held the door open. The audible door alarm did not activate.
9. On July 22, 2011 the Maintenance Supervisor stated "the dining room door alarm system has not worked in months."
10. On July 22, 2011 the Maintenance Supervisor stated "this is how the alarms work and it would cost money to have this added feature."

Additional Required Actions:

CO # - 001, 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents



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Specifically failed to comply with the following subsections:

s. 107. (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):

1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition.
2. An environmental hazard, including a breakdown or failure of the security system or a breakdown of major equipment or a system in the home that affects the provision of care or the safety, security or well-being of residents for a period greater than six hours.
3. A missing or unaccounted for controlled substance.
4. An injury in respect of which a person is taken to hospital.
5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital. O. Reg. 79/10, s. 107 (3).

s. 107. (4) A licensee who is required to inform the Director of an incident under subsection (1) or (3) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:

1. A description of the incident, including the type of incident, the area or location of the incident, the date and time of the incident and the events leading up to the incident.
2. A description of the individuals involved in the incident, including,
 - i. names of any residents involved in the incident,
 - ii. names of any staff members or other persons who were present at or discovered the incident, and
 - iii. names of staff members who responded or are responding to the incident.
3. Actions taken in response to the incident, including,
 - i. what care was given or action taken as a result of the incident, and by whom,
 - ii. whether a physician or registered nurse in the extended class was contacted,
 - iii. what other authorities were contacted about the incident, if any,
 - iv. for incidents involving a resident, whether a family member, person of importance or a substitute decision-maker of the resident was contacted and the name of such person or persons, and
 - v. the outcome or current status of the individual or individuals who were involved in the incident.
4. Analysis and follow-up action, including,
 - i. the immediate actions that have been taken to prevent recurrence, and
 - ii. the long-term actions planned to correct the situation and prevent recurrence.
5. The name and title of the person who made the initial report to the Director under subsection (1) or (3), the date of the report and whether an inspector has been contacted and, if so, the date of the contact and the name of the inspector. O. Reg. 79/10, s. 107 (4).

Findings/Faits sayants :



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1. The licensee failed to comply with s. 107(3) to ensure that the Director is informed no later than one business day after the occurrence of the incident of a resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition.
2. Twice on June 24, 2011 an identified resident was missing for less than three hours and returned to the home with no injury or adverse change in condition.
3. The Director was not informed no later than one business day. The Director was informed by the licensee on June 27, 2011.
4. On July 18, 2011 an identified resident was missing for less than three hours and returned to the home with no injury or adverse change in condition.
5. The Director was never informed by the licensee.
6. On May 27, 2011 a Written Notification was issued by MOHLTC Inspector Jessica Lapensee regarding the timely notification of the Director regarding an enteric outbreak.
7. The licensee failed to comply with s. 107(4) (1) to make a report in writing to the Director of the occurrence of a resident who was missing for less than three hours and who returned to the home with no injury or adverse change in condition.
8. On July 18, 2011 an identified resident was missing for less than three hours and returned to the home with no injury or adverse change in condition.
9. The Director was never informed by the licensee.
10. The licensee did not make a report in writing to the Director of this incident.

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 by ensuring that the Director is informed of all critical incidents within the time frames specified in O. Reg 79/10 s. 107 (1-6), to be implemented voluntarily.

Issued on this 11th day of August, 2011

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

Kathleen Snid



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Order(s) of the Inspector Pursuant to section 153 and/or section 154 of the Long-Term Care Homes Act, 2007, S.O. 2007, c.8

Ordre(s) de l'inspecteur Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L.O. 2007, chap. 8

Health System Accountability and Performance Division Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé Direction de l'amélioration de la performance et de la conformité

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Name of Inspector (ID #) / Nom de l'inspecteur (No) : KATHLEEN SMID (161)
Inspection No. / No de l'inspection : 2011_044161_0012
Type of Inspection / Genre d'inspection : Critical Incident
Date of Inspection / Date de l'inspection : Jul 22, Aug 3, 10, 11, 2011
Licensee / Titulaire de permis : DEEM MANAGEMENT LIMITED 2 QUEEN STREET EAST, SUITE 1500, TORONTO, ON, M5C-3G5
LTC Home / Foyer de SLD : WELLINGTON HOUSE NURSING HOME 990 EDWARD STREET NORTH, P.O. BOX 1510, PRESCOTT, ON, K0E-1T0
Name of Administrator / Nom de l'administratrice ou de l'administrateur : MARYLIN BENN

AMENDED - COMPLIANCE PLAN MUST BE SUBMITTED IN WRITING TO INSPECTOR KATHLEEN SMID ON OR BEFORE SEPTEMBER 1, 2011. Kathleen Smid August 25, 2011

To DEEM MANAGEMENT LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 001 Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 9. Every licensee of a long-term care home shall ensure that the following rules are complied with:

- 1. All doors leading to stairways and the outside of the home must be, i. kept closed and locked, ii. equipped with a door access control system that is kept on at all times, and iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and, A. is connected to the resident-staff communication and response system, or B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.
2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.
3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.
4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9.

Order / Ordre :



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Order(s) of the Inspector Pursuant to section 153 and/or section 154 of the Long-Term Care Homes Act, 2007, S.O. 2007, c.8

Ordre(s) de l'inspecteur Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L.O. 2007, chap. 8

The licensee shall prepare, submit and implement a plan for achieving compliance with s.9(1)(iii) to ensure that doors leading to the outside of the home are equipped with an audible door alarm that allows calls to be cancelled only at the point of activation.

This plan must be submitted in writing to Inspector Kathleen Smid at 347 Preston Street, 4th floor, Ottawa Ontario K1S 3J4 or by fax at 1-613-569-9670 on or before ~~August 19, 2011~~ SEPTEMBER 1, 2011

Grounds / Motifs :

KB Aug 25, 2011

- 1. The licensee failed to comply with s. 9(1)(iii) to ensure that doors leading to the outside of the home are equipped with an audible door alarm that allows calls to be cancelled only at the point of activation.
2. On July 22, 2011 the inspector opened the North door leading to the outside and held the door open until the audible door alarm was activated. The inspector closed the door and the audible door alarm cancelled itself.
3. On July 22, 2011 the inspector opened the East door leading to the outside and held the door open until the audible door alarm was activated. The inspector closed the door and the audible door alarm cancelled itself.
4. On July 22, 2011 the inspector opened the Staff entrance door leading to the outside and held the door open until the audible door alarm was activated. The inspector closed the door and the audible door alarm cancelled itself.
5. On July 22, 2011 the inspector opened the Delivery door leading to the outside and held the door open until the audible door alarm was activated. The inspector closed the door and the audible door alarm cancelled itself.
6. On July 22, 2011 inspector opened the Dining room door leading to the outside and held the door open. The audible door alarm did not activate.
7. On July 22, 2011 the Maintenance Supervisor stated "the dining room door alarm system has not worked in months."
8. On July 22, 2011 the Maintenance Supervisor stated "this is how the alarms work and it would cost money to have this added feature."

(161)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Aug 19, 2011



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Order(s) of the Inspector Pursuant to section 153 and/or section 154 of the Long-Term Care Homes Act, 2007, S.O. 2007, c.8

Ordre(s) de l'inspecteur Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 002

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 9. Every licensee of a long-term care home shall ensure that the following rules are complied with:

- 1. All doors leading to stairways and the outside of the home must be, i. kept closed and locked, ii. equipped with a door access control system that is kept on at all times, and iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and A. is connected to the resident-staff communication and response system, or B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door. 2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents. 3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency. 4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9.

Order / Ordre :

The licensee shall prepare, submit and implement a plan for achieving compliance with s.9(1)(i) to ensure that doors leading to the outside of the home are kept locked.

This plan must be submitted in writing to Inspector Kathleen Smid at 347 Preston Street, 4th floor, Ottawa Ontario K1S 3J4 or by fax at 1-613-569-9670 on or before August 19, 2011. SEPTEMBER 1, 2011

Grounds / Motifs :

18 Aug 25, 2011

- 1. The licensee failed to comply with s. 9(1)(i) to ensure that doors leading to the outside of the home are kept locked. 2. On June 24, 2011 an identified resident left the home via the staff door to the outside. On July 22, 2011 the Maintenance Supervisor stated the "mag lock repair man found a loose wire and that the magnet failed intermittently." (161)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Aug 19, 2011



Ministry of Health and
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Ministère de la Santé et
des Soins de longue durée

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

REVIEW/APPEAL INFORMATION / RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-760

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Clair Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 11th day of August, 2011

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur :

KATHLEEN SMID

Service Area Office /

Bureau régional de services : Ottawa Service Area Office