

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

Ottawa District  
347 Preston Street, Suite 410  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559

## Original Public Report

Report Issue Date: April 19, 2024	
Inspection Number: 2024-1297-0002	
Inspection Type: Proactive Compliance Inspection	
Licensee: Arch Long Term Care LP by its General Partner, Arch Long Term Care MGP, by its partners, Arch Long Term Care GP Inc. and Arch Capital Management Corporation	
Long Term Care Home and City: Wellington House Nursing Home, Prescott	
Lead Inspector Erica McFadyen (740804)	Inspector Digital Signature
Additional Inspector(s) Heath Heffernan (622)	

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 3-4, 8-12, 15-17, 2024

The following intake(s) were inspected:

- Intake: #00101783 -Proactive Compliance Inspection

The following Inspection Protocols were used during this inspection:

Skin and Wound Prevention and Management  
Resident Care and Support Services  
Continence Care

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Food, Nutrition and Hydration  
Residents' and Family Councils  
Medication Management  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Quality Improvement  
Residents' Rights and Choices  
Pain Management  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that a resident's written nutritional plan of care, set out clear directions to staff and others who provide direct care to the resident.

Rationale and Summary

Review of the resident's care plan document on point click care indicated that the resident was not to receive a specified food.

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The meal service guide used to order meals for each resident in the dining room, did not include that the resident was not to receive the specified food.

On a specified date Inspector #622 observed that the resident was served a meal including the specified food type.

During an interview with Inspector #622 the Dietary Manager stated that the resident was served the specified food in error as the direction was not included in the meal service guides.

By not ensuring that the residents dietary plan of care offers clear direction, residents may not receive their assessed diet, increasing their risk of injury.

Sources: Review of the meal service guides; residents health records; observation of a resident meal service; interview with the Dietary Manager and other staff.  
[622]

## WRITTEN NOTIFICATION: Infection prevention and control program

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

1) The licensee has failed to ensure that a standard issued by the Director with

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respect to infection prevention and control was complied with.

In accordance with the Routine and Additional Precautions section 9.1 under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April 2022), the licensee shall ensure the proper use of personal protective equipment (PPE).

#### Rationale and Summary

On a specified date Inspector #622 observed that a specified resident room had a droplet/contact precaution sign posted at the doorway which indicated that staff were to wear gloves, gown, N95 mask and eye protection when working within two meters of the residents. A specified staff member exited from the room wearing gloves, gown and an N95 mask, but no eye protection. The staff member stated that two residents were on isolation in the room with droplet/contact precautions however, they had not worn eye protection while performing their duties within the room.

By not wearing the appropriate personal protective equipment (PPE) as required for droplet/contact precautions increases the risk of transmission of infectious agents to staff and other residents.

Sources: Observation of resident care and services; interview with the specified staff member and other staff.

[622]

2) The licensee has failed to ensure that a standard issued by the Director with respect to infection prevention and control was complied with.

In accordance with the Additional Requirement Under the Standard section 10.4 (h)

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of the IPAC Standard for Long-Term Care Homes (April 2022), the licensee shall ensure that residents are provided support for hand hygiene prior to meals.

#### Rationale and Summary

On a specified date, Inspector #622 observed a specified staff member take two residents into the dining room for lunch without supporting the residents to perform hand hygiene. The staff member stated that resident's hands should be cleaned using hand sanitizer on entrance to the dining room or once the residents have been seated at the table. The residents did not receive support for hand hygiene prior to eating their meal.

By not supporting residents to perform hand hygiene prior to their meals increases the risk of transmission of infectious agents to the residents.

Sources: Observation of resident care and services; interview with specified staff member F and other staff  
[622]

### WRITTEN NOTIFICATION: Drug destruction and disposal

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 148 (2) 2.

Drug destruction and disposal

s. 148 (2) The drug destruction and disposal policy must also provide for the following:

2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.

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In accordance with O. Reg 246/22 s. 11(1)(b) the licensee is required to ensure their written policy related to drug destruction and disposal is complied with. Specifically, the licensee's Destruction and Disposal of Drug policy stated that "drugs that are a controlled substance [and] that are to be destroyed and disposed of will be stored in a double-locked storage area within the home, separate from any other controlled substances in a wooden box until the actual drug destruction takes place".

#### Rationale and Summary

During an observation of the medication room Inspector #740804 was able to access four medication cards of narcotics which had not been secured inside the double-locked storage box while awaiting drug destruction. In an interview with the Director of Care it was confirmed that the narcotics were not double-locked according to the long-term care home's Drug Destruction and Disposal policy.

The risk of narcotic medications awaiting destruction not being double-locked is that controlled substances may be accessed by residents or staff.

#### Sources

Interview with the DOC, observations of the medication room, Drug Destruction and Disposal Policy

[740804]