



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

**Rapport d'inspection  
prévue le *Loi de 2007  
les foyers de soins de  
longue durée***

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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

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Licensee Copy/Copie du Titulaire       Public Copy/Copie Public

<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
December 7, 8 and 9 2010	2010_117_2807_07Dec103808	Complaint Log # O-002059
<b>Licensee/Titulaire</b>		
Deem Management Services Limited 2 Queen Street East, Suite 1500 Toronto, ON M5C 3G5 FAX: 905-629-4434		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>		
Wellington House Nursing Home 990 Edwards St North P.O.Box 1510 Prescott, ON K0E 1T0 Fax: 613-925-5425		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b>		
Lyne Duchesne #117		
<b>Inspection Summary/Sommaire d'inspection</b>		

The purpose of this inspection was to conduct a complaint inspection related to pain management, nursing care and palliative care services given to the three residents.

During the course of the inspection, the inspector spoke with the home's acting administrator, the home's acting director of care; the day shift registered nurse, to a personal support worker, to a resident.

During the course of the inspection, the inspector reviewed three residents health care records, reviewed the home's 24-hour nursing report and reviewed the home Palliative Care Quality Assurance policy / from dated November 2001.

The following Inspection Protocol was used during this inspection:

- Hospitalization and Death
- Pain

Findings of Non-Compliance were found during this inspection. The following action was taken:

1 WN  
1 VPC

### NON-COMPLIANCE / (Non-respectés)

#### Definitions/Définitions

**WN** – Written Notifications/Avis écrit  
**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire  
**DR** – Director Referral/Régisseur envoyé  
**CO** – Compliance Order/Ordres de conformité  
**WAO** – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1:** The Licensee has failed to comply with the. O. Reg 79/10, s. 52. (1) The pain management program must, at a minimum, provide for the following:

3. Comfort care measures.

#### Findings:

1. The home's acting director of care stated that the home does not have a palliative care program that addresses comfort care measures for residents receiving end of life care.
2. The home's pain management program has a "Palliative Care Quality Assurance" form, dated November 2001, that lists "position, mouth care, and skin care". No comfort care directives or guidelines are associated with is form or any other directives found within the home's pain management program.



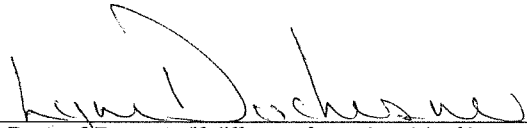
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Inspector ID #:	# 117
<b>Additional Required Actions:</b>  VPC #1 - pursuant to the <i>Long-Term Care Homes Act, 2007</i> , S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance regarding the provision of comfort care measures within the home's pain management program.	

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.	
			
Title:	Date:	Date of Report: (if different from date(s) of inspection).	
		January 21, 2011	