



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 sous la
Loi de 2007 sur les foyers de
soins de longue durée

Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ème} étage
OTTAWA, ON, K1S-3J4
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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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 9, 2013	2013_184124_0008	O-002402- 12, O- 001178-12	Follow up

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

LYNDA HAMILTON (124)

Inspection Summary/Résumé de l'inspection



Ministry of Health and Long-Term Care

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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): April ^{29 L.H.}~~30~~-May 3, 2013.

This inspection included the follow up to six Compliance Orders; logs O-002402-12 and O-001178-12.

During the course of the inspection, the inspector(s) spoke with Residents, the Administrator, Director of Care, two Registered Nurses (RN), two Registered Practical Nurses (RPN), three Personal Support Workers (PSW), Food Services Supervisor, Registered Dietitian and the Pharmacist.

During the course of the inspection, the inspector(s) observed staff-resident interactions, medication administration, resident care, reviewed resident health records and registered staffing schedules.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Medication

Pain

Responsive Behaviours

Skin and Wound Care

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

Legendé

WN – Written Notification

WN – Avis écrit

VPC – Voluntary Plan of Correction

VPC – Plan de redressement volontaire

DR – Director Referral

DR – Aiguillage au directeur

CO – Compliance Order

CO – Ordre de conformité

WAO – Work and Activity Order

WAO – Ordres : travaux et activités



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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.)

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

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :



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1. The licensee failed to comply with the LTCHA 2007, s.8. (3) in that there was not a registered nurse (RN) who is both an employee of the licensee and a member of the regular nursing staff of the home on duty and present in the home at all times.

Wellington House Nursing Home is a 60 bed long-term care home. The home was noted to be non-compliant with 24/7 Registered Nurse coverage during a complaint inspection conducted in April-May 2012. A compliance order was served with a compliance date of October 1, 2012. On September 26, 2012, the compliance order was amended to extend the compliance date to January 31, 2013.

During the follow up inspection of April ^{29/24}~~30~~-May 3, 2013, the inspector and Director of Care reviewed the registered staff schedule for the time periods March 4-31, 2013 and April 1-28, 2013 and identified that there was not a RN on duty and present in the home at all times.

The Director of Care confirmed that there was no RN on duty and present in the home:

-for twenty-two eight-hour shifts and two twelve-hour shifts from March 4-31, 2013

-for thirty-two eight-hour shifts from April 1-28, 2013

-The shifts not being covered are not a result of an emergency situation. Therefore, the exception to the requirement, Ontario Regulations 79/10 s. 45(1)(2) is not applicable.

The home has advertised in the local newspaper, on the Extendicare Corporate website and on Kijiji. The home is currently negotiating a contract with a second nursing agency. [s. 8. (3)]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care



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Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee failed to comply with the LTCHA 2007 s. 6. (7) in that the resident did not receive care as specified in the plan of care.

Resident #15's plan of care stated that the resident was to have a device in place while in the chair and while in bed.

A progress note of a specific date stated that the device was noted not to have been in place. A RPN and a PSW put Resident #15 to bed after lunch and missed transferring the device to the resident's bed.

Resident #15 sustained a fall from bed and was sent to hospital.

Staff #105 confirmed that staff forgot to transfer the device from the chair to the bed and Resident #15 later sustained a fall.

Resident #15 did not receive care as specified in the plan of care. [s. 6. (7)]

2. Resident #2 has wounds that were assessed by the Enterostomal Therapist.

Resident #2's Treatment Administration Record describes a wound treatment that is to be completed every 1-2 days.

Review of Resident #2's Treatment Administration Record indicated that the resident did not receive treatment to his wounds every one to two days over a specific period of time.

Staff #104 reported to the inspector that she does not always get Resident #2's treatments completed. [s. 6. (7)]

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 residents receive care related to fall prevention and wound care as specified in their plans of care, to be implemented voluntarily.



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THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE
BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES
SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:

COMPLIED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:			
REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 131. (2)	CO #003	2012_199161_0003	124
O.Reg 79/10 s. 134.	CO #004	2012_199161_0003	124
O.Reg 79/10 s. 30. (1)	CO #001	2012_199161_0003	124
O.Reg 79/10 s. 49. (2)	CO #002	2012_199161_0003	124
LTCHA, 2007 S.O. 2007, c.8 s. 6. (4)	CO #005	2012_199161_0003	124

Issued on this 13th day of May, 2013

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

Rynda Hamilton



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Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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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

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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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : LYNDA HAMILTON (124)

Inspection No. /

No de l'inspection : 2013_184124_0008

Log No. /

Registre no: O-002402-12, O-001178-12

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : May 9, 2013

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 :**

Joseph Barnhart
~~MARYLIN BENN~~

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



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

Linked to Existing Order /
Lien vers ordre existant: 2012_044161_0021, CO #001;

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Order / Ordre :

The licensee shall prepare, submit and implement a plan for achieving compliance to ensure that the home has at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home on duty and present in the home at all times, except as provided for in the regulations.

The plan shall include:

- new recruiting and retention strategies that had not been included in the previously submitted compliance plan

This plan must be submitted in writing to Inspector, Lynda Hamilton at 347 Preston Street, 4th Floor, Ottawa ON K1S 3J4 or by fax at 613-569-9670 on or before May 24, 2013.

Grounds / Motifs :

1. The licensee failed to comply with the LTCHA 2007, s.8. (3) in that there was not a registered nurse (RN) who is both an employee of the licensee and a member of the regular nursing staff of the home on duty and present in the home at all times.

Wellington House Nursing Home is a 60 bed long-term care home. The home was noted to be non-compliant with 24/7 Registered Nurse coverage during a complaint inspection conducted in April-May 2012. A compliance order was served with a compliance date of October 1, 2012. On September 26, 2012, the



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compliance order was amended to extend the compliance date to January 31, 2013.

During the follow up inspection of April ^{29th} ~~30~~-May 3, 2013, the inspector and Director of Care reviewed the registered staff schedule for the time periods March 4-31, 2013 and April 1-28, 2013 and identified that there was not a RN on duty and present in the home at all times.

The Director of Care confirmed that there was no RN on duty and present in the home:

-for twenty-two eight-hour shifts and two twelve-hour shifts from March 4-31, 2013

-for thirty-two eight-hour shifts from April 1-28, 2013

-These shifts not being covered are not a result of an emergency situation. Therefore, the exception to the requirement, Ontario Regulations 79/10 s. 45(1) (2) is not applicable.

The home has advertised in the local newspaper, on the Extendicare Corporate website and on Kijiji. The home is currently negotiating a contract with a second nursing agency.

(124)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Sep 30, 2013**



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REVIEW/APPEAL INFORMATION

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 Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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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

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
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.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 9th day of May, 2013

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur :

LYNDA HAMILTON

Service Area Office /

Bureau régional de services : Ottawa Service Area Office