



## 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*

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
<b>Name of Inspector:</b>	Jessica Lapensée	<b>Inspector ID #</b> 133
<b>Log #:</b>	S-001232-11	
<b>Inspection Report #:</b>	2011_133_1856_28Apr143235	
<b>Type of Inspection:</b>	Follow up	
<b>Date of Inspection:</b>	April 28 <sup>th</sup> , 29 <sup>th</sup> , 2011	
<b>Licensee:</b>	Wikwemikong Nursing Home Limited 2281 Wikwemikong Way P.O. Box 114 Wikwemikong, ON P0P 2J0  Fax: 705-859-2245	
<b>LTC Home:</b>	Wikwemikong Nursing Home	
<b>Name of Administrator:</b>	Elizabeth Cooper	

To Wikwemikong Nursing Home Limited, you are hereby required to comply with the following order(s) by the date(s) set out below:

<b>Order #:</b>	001	<b>Order Type:</b>	Compliance Order, Section 153 (1)(a)
<b>Pursuant to:</b> LTCHA, 2007, S.O. 2007, c.8, s 15 (1) (c). Every licensee of a long-term care home shall ensure that there is an organized program of maintenance services for the home.			
<b>Order:</b>			
The licensee must develop an organized program of maintenance services for the home.			
<b>Grounds:</b>			
a) During an inspection which occurred February 8 <sup>th</sup> and 9 <sup>th</sup> 2011, inspector #127 determined that neither the administrator/director of care nor the maintenance person could locate maintenance specific policies and procedures or information related to the maintenance program or auditing. There were no			



demonstrable schedules or procedures in place for routine, preventive and remedial maintenance. There was no qualified designated lead for the maintenance program.

b) During the inspection of April 28<sup>th</sup> and 29<sup>th</sup> 2011, inspector #133 determined that maintenance specific policies and procedures are in development but have not been completed. Schedules or procedures for routine, preventive and remedial maintenance are in development but have not been completed. There was no qualified designated lead for the maintenance program.

**This order must be complied with by:** August 10, 2011

<b>Order #:</b>	002	<b>Order Type:</b>	Compliance Order, Section 153 (1)(a)
<b>Pursuant to:</b> O. Reg. 79/10, s. 90 (1) (b). As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that there are schedules and procedures in place for routine, preventive and remedial maintenance.			
<b>Order:</b>			
The licensee must develop and implement schedules and procedures for routine, preventive and remedial maintenance.			
<b>Grounds:</b>			
a) During an inspection which occurred February 8 <sup>th</sup> and 9 <sup>th</sup> 2011, inspector #127 determined that neither the administrator/director of care nor the maintenance person could locate maintenance-specific policies and procedures or information related to the maintenance program or auditing. There were no demonstrable schedules or procedures in place for routine, preventive and remedial maintenance.			
b) During the inspection of April 28 <sup>th</sup> and 29 <sup>th</sup> 2011, inspector #133 determined that maintenance specific policies and procedures are in development but have not been completed. Schedules or procedures for routine, preventive and remedial maintenance are in development but have not been completed.			
<b>This order must be complied with by:</b>		August 10, 2011	

<b>Order #:</b>	003	<b>Order Type:</b>	Compliance Order, Section 153 (1)(a)
<b>Pursuant to:</b> O. Reg. 79/10, s. 90 (2). The licensee shall ensure that procedures are developed and implemented to ensure that,			
<ul style="list-style-type: none"> <li>(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;</li> <li>(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;</li> <li>(c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and</li> </ul>			

inspected at least every six months by a certified individual, and that documentation is kept of the inspection;

- (d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;
- (e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;
- (f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;
- (g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;
- (h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;
- (i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;
- (j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and
- (k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water.

**Order:**

The licensee must develop and implement procedures to ensure that,

- (a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;
- (b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;
- (c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;
- (d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;
- (e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;
- (f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;
- (g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;
- (h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;
- (i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;



- (j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and
- (k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water.

**Grounds:**

- a) During an inspection which occurred February 8<sup>th</sup> and 9<sup>th</sup> 2011, inspector #127 determined that there were no procedures developed and implemented specifically for items listed in O. Reg. 79/10, s. 90(2).
- b) During the inspection of April 28<sup>th</sup> and 29<sup>th</sup> 2011, inspector #133 determined that procedures for items listed in O. Reg. 79/10, s. 90(2) are being developed but have not been completed.
- c) As stated to the inspector by the administrator/director of care, it is expected that the registered nursing staff are to monitor and record the hot water temperature once per shift in a random location where residents have access to hot water. The maintenance supervisor also monitors and records hot water temperatures during his shift of 7am-3pm. The inspector viewed the maintenance supervisor's and registered nursing staff's hot water monitoring documentation for April 2011. Hot water temperatures were not recorded for 12 evening shifts. Hot water temperatures were not recorded for 7 night shifts. Hot water temperatures were not recorded by the registered nursing staff for 14 day shifts however the maintenance supervisor did record hot water temperatures on 7 of those day shifts.
- d) On 5 occasions in April 2011, registered nursing staff recorded hot water temperatures in excess of 49 degrees Celsius and there is no indication that immediate action was taken to reduce the water temperature. The administrator/director of care and the maintenance supervisor were unable to offer evidence that any action had been taken.

**This order must be complied with by:** August 10, 2011

<b>Order #:</b>	004	<b>Order Type:</b>	Compliance Order, Section 153 (1)(a)
<b>Pursuant to:</b> O. Reg. 79/10, s. 92 (2). The designated lead must have, <ul style="list-style-type: none"> <li>(a) a post-secondary degree or diploma;</li> <li>(b) knowledge of evidence-based practices and, if there are none, prevailing practices relating to housekeeping, laundry and maintenance, as applicable; and</li> <li>(c) a minimum of two years experience in a managerial or supervisory capacity</li> </ul>			
<b>Order:</b>			
The licensee must ensure there is a designated lead for each of the housekeeping, laundry services and maintenance services program who has a post secondary degree or diploma, has knowledge of evidence-based practices and, if there are none, prevailing practices relating to housekeeping, laundry and maintenance, as applicable; and who has a minimum of two years experience in a managerial or supervisory capacity.			



Grounds:
a) During an inspection which occurred February 8th and 9th 2011, inspector #127 determined that the home did not have a designated lead for the housekeeping, laundry services or maintenance services programs.
b) During the inspection of April 28th and 29th 2011, inspector #133 noted that someone had been hired in March 2011 who was to serve as the designated lead for the housekeeping, laundry and maintenance services programs.
This order must be complied with by: August 10, 2011

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 service 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: 416-327-7603

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 group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar

Director
c/o Appeals Clerk



**Ministry of Health and Long-Term Care**

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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

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

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

Performance Improvement and Compliance Branch  
55 St. Claire Avenue, West  
Suite 800, 8<sup>th</sup> 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](http://www.hsarb.on.ca).

Issued on this 10 <sup>th</sup> day of May, 2010.	
Signature of Inspector:	Jessica Lapensée
Name of Inspector:	Jessica Lapensée
Service Area Office:	Sudbury Service Area Office.



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

**Rapport d'inspection  
prévus 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

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

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

Sudbury Service Area Office  
159 Cedar Street, Suite 603  
Sudbury ON P3E 6A5

Telephone: 705-564-3130  
Facsimile: 705-564-3133

Bureau régional de services de Sudbury  
159, rue Cedar, Bureau 603  
Sudbury ON P3E 6A5

Téléphone: 705-564-3130  
Télécopieur: 705-564-3133

Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
April 28, 29 - 2011	2011_133_1856_28Apr143235	Follow up  Log #S-001232-11  (with reference to log #S-00972-11)

**Licensee/Titulaire**  
  
Wikwemikong Nursing Home Limited  
2281 Wikwemikong Way  
P.O. Box 114  
Wikwemikong, ON  
POP 2J0  
Fax: 705-859-2245

**Long-Term Care Home/Foyer de soins de longue durée**  
  
Wikwemikong Nursing Home  
2281 Wikwemikong Way  
P.O. Box 114  
Wikwemikong, ON  
POP 2J0  
Fax: 705-859-2245

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
  
Jessica Lapensée, #133

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a follow-up inspection.

During the course of the inspection, the inspector spoke with the administrator/director of care, the maintenance supervisor, registered and non-registered nursing staff, administrative staff, housekeeping staff and residents.

During the course of the inspection, the inspector: conducted a walk-through of all resident home areas and common areas, observed residents, observed staff practices and interactions with the residents, viewed maintenance services related documentation; monitored hot water temperatures and inspected previously identified areas of non-compliance.

The following Inspection Protocols were used during this inspection:

- Accommodation Services – Housekeeping
- Accommodation Services – Maintenance
- Safe and Secure Home
- Infection Prevention and Control

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

4 WN's (Written Notifications)

4 CO's (Compliance Orders)

### 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 LTCHA, 2007, S.O. 2007, c.8, s 15(1)(c) Every licensee of a long-term care home shall ensure that there is an organized program of maintenance services for the home.

#### Findings:

a) During an inspection which occurred February 8<sup>th</sup> and 9<sup>th</sup> 2011, inspector # 127 determined that neither the administrator/director of care nor the maintenance person could locate maintenance specific policies and procedures or information related to the maintenance program or auditing. There were no demonstrable schedules or procedures in place for routine, preventive and remedial maintenance. There was no qualified designated lead for the maintenance program.



b) During the inspection of April 28<sup>th</sup> and 29<sup>th</sup> 2011, inspector #133 determined that maintenance specific policies and procedures are in development but have not been completed. Schedules or procedures for routine, preventive and remedial maintenance are in development but have not been completed. There was no qualified designated lead for the maintenance program.

**Inspector ID #:** Jessica Lapensée, #133

**Additional Required Actions:**

CO # 1 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

**WN #2:** The Licensee has failed to comply with O. Reg. 79/10, s. 90 (1) (b). As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that there are schedules and procedures in place for routine, preventive and remedial maintenance.

**Findings:**

a) During an inspection which occurred February 8<sup>th</sup> and 9<sup>th</sup> 2011, inspector #127 determined that neither the administrator/director of care nor the maintenance person could locate maintenance-specific policies and procedures or information related to the maintenance program or auditing. There were no demonstrable schedules or procedures in place for routine, preventive and remedial maintenance.

b) During the inspection of April 28<sup>th</sup> and 29<sup>th</sup> 2011, inspector #133 determined that maintenance specific policies and procedures are in development but have not been completed. Schedules or procedures for routine, preventive and remedial maintenance are in development but have not been completed.

**Inspector ID #:** Jessica Lapensée, #133

**Additional Required Actions:**

CO # 2 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

**WN #3:** The Licensee has failed to comply with O. Reg. 79/10 s. 90 (2). The licensee shall ensure that procedures are developed and implemented to ensure that,

- (a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;
- (b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;
- (c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;
- (d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;
- (e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;

- (f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;
- (g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;
- (h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;
- (i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;
- (j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and
- (k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water.

**Findings:**

- a) During an inspection which occurred February 8<sup>th</sup> and 9<sup>th</sup> 2011, inspector #127 determined that there were no procedures developed and implemented specifically for items listed in O. Reg. 79/10, s. 90(2).
- b) During the inspection of April 28<sup>th</sup> and 29<sup>th</sup> 2011, inspector #133 determined that procedures for items listed in O. Reg. 79/10, s. 90(2) are being developed but have not been completed.
- c) As stated to the inspector by the administrator/director of care, it is expected that the registered nursing staff are to monitor and record the hot water temperature once per shift in a random location where residents have access to hot water. The maintenance supervisor also monitors and records hot water temperatures during his shift of 7am-3pm. The inspector viewed the maintenance supervisor's and registered nursing staff's hot water monitoring documentation for April 2011. Hot water temperatures were not recorded for 12 evening shifts. Hot water temperatures were not recorded for 7 night shifts. Hot water temperatures were not recorded by the registered nursing staff for 14 day shifts however the maintenance supervisor did record hot water temperatures on 7 of those day shifts.
- d) On 5 occasions in April 2011, registered nursing staff recorded hot water temperatures in excess of 49 degrees Celsius and there is no indication that immediate action was taken to reduce the water temperature. The administrator/director of care and the maintenance supervisor were unable to offer evidence that any action had been taken.

**Inspector ID #:** Jessica Lapensée, #133

**Additional Required Actions:**

CO # 3 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

**WN #4:** The Licensee has failed to comply with O. Reg. 79/10, s. 92 (2). The designated lead must have,

- (a) a post-secondary degree or diploma;
- (b) knowledge of evidence-based practices and, if there are none, prevailing practices relating to housekeeping, laundry and maintenance, as applicable; and
- (c) a minimum of two years experience in a managerial or supervisory capacity.

**Findings:**

- a) During an inspection which occurred February 8<sup>th</sup> and 9<sup>th</sup> 2011, inspector #127 determined that the home did not have a designated lead for the housekeeping, laundry services or maintenance services programs.
- b) During the inspection of April 28<sup>th</sup> and 29<sup>th</sup> 2011, inspector #133 noted that someone had been hired in March 2011 who was to serve as the designated lead for the housekeeping, laundry and maintenance services programs. A review of relevant documentation provided to the inspector by the administrator/director of care indicated that this person does not meet the requirements as outlined in O. Reg. 79/10, s 92 (2) b and c.

**Additional Required Actions:**

CO # 4 will be/was served on the licensee. Refer to the "Order(s) of the Inspector" form.

<b>Signature of Licensee or Representative of Licensee</b> <b>Signature du Titulaire du représentant désigné</b>		<b>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.</b>	
<b>Title:</b>	<b>Date:</b>	<b>Date of Report: (if different from date(s) of inspection).</b>	
		<i>Jessica Licensee #133</i>  <i>May 10, 2011</i>	