Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

North District
159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Original Public Report

Report Issue Date: January 10, 2024	
Inspection Number: 2023-1042-0004	
Inspection Type: Complaint	
Licensee: Wikwemikong Nursing Home Limited	
Long Term Care Home and City: Wikwemikong Nursing Home, Wikwemikong	
Lead Inspector Amy Geauvreau (642)	**Inspector Digital Signature** Amy Geauvreau Digitally signed by Amy Geauvreau Date: 2024.01.12 10:56:22 -05'00'
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s):

December 11-15, 2023.

The following intake(s) were inspected:

- Intake: Complaint related to concerns about a safe and secure home, responsive behaviours, and reporting.

The following **Inspection Protocols** were used during this inspection:

Infection Prevention and Control
Responsive Behaviours
Prevention of Abuse and Neglect
Residents' Rights and Choices

INSPECTION RESULTS

WRITTEN NOTIFICATION: Doors in a Home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. i.
Doors in a home
s. 12 (1) 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 other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
i. kept closed and locked.

Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. i.

The licensee had failed to ensure that the front door to the Long-term care home, was kept closed and locked.

Rationale and Summary
On a specific date, the front door of the home was not kept closed and locked, which resulted in a resident being able to exit the home.

Interview with the Director of Care (DOC)/Administrator identified the front door to the home, had not been closed and locked when a specific incident happened.

There was moderate impact to the resident's health, safety, and quality of life at the time of the incident.

Sources: Door observations; review of a resident's progress notes; Door policy titled, Section; 3 Resident Safety; Subsection: 3.12 Door Alarms, unauthorized rooms; interviews with complainant, RPN, DOC/Administrator, and other staff. [642]

WRITTEN NOTIFICATION: Reporting certain matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

Non-compliance with: O. Reg. 246/22, s. 28 (1) 2.

The licensee had failed to ensure that when there had been a suspected potential incident of physical abuse between resident's, it was immediately reported to the Director.

Rationale and Summary
A critical incident of physical abuse had been reported to the Director on a specific date, involving residents. On review of the progress notes, and the critical incident submitted, the incident had happened three days prior to the reporting date.

Interview with DOC/Administrator identified that the suspected abuse between residents, should have been reported immediately to the Director, the day the incident happened.

There had been minimal impact to the resident's health, safety, and quality of life at the time of the incident.

Sources: Review of the critical incident report; residents progress notes; Abuse policy: titled, Abuse and Neglect Prevention Program; interviews with complainant, RPN, DOC/Administrator, and other staff. [642]