Ontario

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

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

	☐ Licensee Copy/Copie du Titulaire	☒ Public Copy/Copie Public	
Name of Inspector:	Gail Peplinskie	**Inspector ID #**	154
Log #:	S00248		
Inspection Report #:	2010_154_1856_08Nov102644		
Type of Inspection:	CI #1856-000014-10		
Date of Inspection:	November 8-10, 2010		
Licensee:	Wikwemikong Nursing Home, 2281 Wikwemikong Way, P.O. Box 114, Wikwemikong ON P0P 2J0 Fax-705-859-2245		
LTC Home:	Wikwemikong Nursing Home Limited, 2281 Wikwemikong Way, P.O. Box 114, Wikwemikong ON P0P 2J0 Fax-705-859-2245		
Name of Administrator:	Elizabeth Cooper		

To, Wikwemikong Nursing Home, you are hereby required to comply with the following orders by the dates set out below:

Order #:	#001	**Order Type:**	Compliance Order, Section 153 (1)(a)(b)

Pursuant to: 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.

Order: The licensee is required to prepare, submit and implement a plan for achieving compliance with LTCHA, 2007, S.O. 2007, c.8, s. 8 (3)

In addition to the above, the licensee is required to implement the plan to 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.

Grounds:

1. Review of the registered staff work schedule for the period of October 3, 2010 to November 8, 2010 indicates that a Registered Nurse was not scheduled to work and was not onsite in the home for 35 required shifts. The 17:00 p.m to 07:00 a.m. Registered Nurse position was vacant at the time of this inspection. The above information was verbally confirmed by the Administrator/Director of Care.

This order must be complied with by:	December 31, 2010 for plan submission January 31, 2011 for implementation of plan

Order #:	#002	**Order Type:**	Compliance Order, Section 153 (1)(a)

Pursuant to: O.Reg. 79/10, s.17 (1): Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times

Order: The licensee shall ensure that the call bell can be easily seen and accessed by all residents in the home.

Grounds:

1. The inspector noted, while walking throughout the resident unit, that a resident was in bed with no

access to the call bell. The cord was sitting on the side table, out of reach of the resident. The care plan for the resident indicates to have "access to call bell at all times" and "to be reminded to use call bell".

This order must be complied with by:	December 20, 2010

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

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th 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.

Issued on this 7th day of December, 2010.	
Signature of Inspector:	
Name of Inspector:	Gail Peplinskie
Service Area Office:	Sudbury Area Office

Ontario

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

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

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Date(s) of inspection/Date de l'inspection	**Inspection No/ d'inspection**	**Type of Inspection/Genre d'inspection**
November 8-10, 2010	2010_154_1856_08Nov102644	Critical Incident CI #1856-000014-10 Log # S00248

Licensee/Titulaire
Wikwemikong Nursing Home Limited, 2281 Wikwemikong Way, P.O. Box 114, Wikwemikong ON P0P 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 P0P 2J0
Fax-705-859-2245

Name of Inspector(s)/Nom de l'inspecteur(s)
Gail Peplinskie #154

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Critical Incident inspection regarding CI #1856-000014-10.

During the course of the inspection, the inspector spoke with:

- Administrator/Director of Care
- Registered nursing staff
- Personal Support Workers (PSW)
- Housekeeping staff
- Resident involved in Critical Incident

During the course of the inspection, the inspector:

- Reviewed the health care record of the resident involved in the CI
- Reviewed Motion Specialtie's contract, the company responsible for maintenance of equipment in the home
- Reviewed July 1, 2010 memo to staff, regarding cleaning and inspecting wheelchairs/walkers and reporting problems in maintenance log
- Reviewed equipment and maintenance log for the period of April 1, 2010 to August 23, 2010
- Reviewed "Nursing Home Incident Report"
- Reviewed schedule for Registered Nursing staff for the period of October 3, 2010 to November 10, 2010

The following Inspection Protocol was used during this inspection:

Accommodation Services-Maintenance Inspection Protocol

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

3 WN
2 CO: CO # 001 & 002

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. 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.

Findings:

1. Review of the registered staff work schedule for the period of October 3, 2010 to November 8, 2010 indicates that a Registered Nurse was not scheduled to work and was not onsite in the home for 35 required shifts. The 17:00 p.m to 07:00 a.m. Registered Nurse position was vacant at the time of this inspection. The above information was verbally confirmed by the Administrator/Director of Care.

Inspector ID #:	154

Additional Required Actions:

CO #001 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.17 (1): Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

(a) can be easily seen, accessed and used by residents, staff and visitors at all times

Findings:

1. The inspector noted, while walking throughout the resident unit, that a resident was in bed with no access to the call bell. The cord was sitting on the side table, out of reach of the resident. The care plan for the resident indicates the resident was to have "access to call bell at all times" and the resident was "to be reminded to use call bell".

Inspector ID #:	154

Additional Required Actions:

CO # 002 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. 87(2): As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(d) addressing incidents of lingering offensive odours.	
Findings: 1. Tub-room in female residents' unit was noted on November 8/10 to have a heavy, lingering urine odor, on a walk through the home both in the morning and after lunch. On November 9, 2010 at 0830 a.m. the same tub-room was noted to have a heavy, lingering urine odor.	
Inspector ID #:	#154

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). Dec. 7/10.