



**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**

**Division de la responsabilisation et de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 29, 2015	2015_254610_0024	L#010396-15	Resident Quality Inspection

Licensee/Titulaire de permis

CORPORATION OF THE COUNTY OF WELLINGTON
74 WOOLWICH STREET GUELPH ON N1H 3T9

Long-Term Care Home/Foyer de soins de longue durée

WELLINGTON TERRACE LONG-TERM CARE HOME
474 Wellington Road 18 FERGUS ON N1M 0A1

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

NATALIE MORONEY (610), CAROLYN MCLEOD (614), CHAD CAMPS (609), HELENE
DESABRAIS (615), LYNN PARSONS (153), PEGGY SKIPPER (160)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): June 1, 2, 3, 4,5 ,8 ,9 ,10 ,11 ,12, 2015

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, one Social Worker, one Maintenance Manager, one Resident Care Manager, one Recreation staff member, four Registered Nurses, nine Registered Practical Nurses, one Family Council Member, one Housekeeper, one Dietary Server, two Members of Residents Council, and forty Residents.

During the course of the inspection inspectors toured all resident home areas, the medication room, observed dining service, medication pass, provision of resident care, recreational activities, staff/resident interactions, infection prevention and control procedures, posting of required information, relevant policies and procedures,as well as meeting minutes pertaining to the inspection

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Contenance Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Responsive Behaviours
Skin and Wound Care**



During the course of this inspection, Non-Compliances were issued.

4 WN(s)
2 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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 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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied.

The Falls Prevention Management Program policy states that a fall resulting in injury will have an assessment documented on a progress note for six consecutive shifts in the residents health care record.

A review of the Point Click Care (PCC) post-fall documentation revealed that all the post-falls assessments had not been completed for one resident as per the home's policy.

The home's team leader confirmed that the home's expectation would be to complete post fall documentation for each fall on a progress note for six consecutive shifts. [s. 8. (1) (a),s. 8.(1)(b)]



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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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :



1. The licensee has failed to ensure that all staff participated in the implementation of the infection prevention and control program

Observation's on June 2, 4, and 9, 2015 revealed uncovered toilet paper rolls, bedpans, and urinals placed on the back of toilet tanks in four separate residents bathrooms.

June 9, 2015 a staff member confirmed that the bed pans and urinals were uncovered and that the homes expectation is to ensure that the items are covered with a towel when not in use in residents' bathrooms.

June 9, 2015, a interview with a staff member and Infection Control Lead confirmed that when bedpans and urinals are not in use within a resident's bathroom the items must be covered with a towel . [s. 229. (4)]

2. On June 1, 2015 at approximately 1020 while on tour of the home the following unlabeled items were noted in common areas:

- Six unlabelled Combs
- Three unlabelled hairbrushes
- One used stick of deodorant
- One used disposable razor
- A pair of used rusted nail clippers.

The Infection Control Lead for the home confirmed that it is the home's expectation that all personal care items are to be labeled with the residents name and that all staff participate in the implementation of the infection prevention and control program. [s. 229. (4)]

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 staff participates in the implementation of the infection prevention and control program, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services



Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident's equipment is kept clean and sanitary

Observations of the personal mobility equipment of a resident on three observation days showed evidence of food debris dried on to the equipment.

Confirmation from the staff member confirmed that is it the homes expectation that mobility equipment is kept clean and sanitary. [s. 15. (2) (a)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

s. 131. (5) The licensee shall ensure that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident. O. Reg. 79/10, s. 131 (5).

Findings/Faits saillants :



1. The licensee has failed to ensure that drugs are administered to the resident in accordance with the directions for use specified by the prescriber.

A Resident prescription label had been modified, contrary to the physician order.

Interview with a staff confirmed that the expectation that any medication would be given as prescribed by the physician. [s. 131. (2)]

2. Observation of Resident #42 revealed self-administration of a medication.

The physician's order failed to reveal that Resident #42 could self-administer a medication.

Observation of Resident #43 room revealed medication in the Residents room for self administration.

Review of the physician orders revealed the absence of an order to self-administer the medication for Resident #42 and Resident #43.

Staff confirmed that there was no current physician order to self-administer medication for Resident #42 and #43.[s. 131. (5)]

Issued on this 6th day of July, 2015

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

Original report signed by the inspector.