



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

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

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

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

**Hamilton Service Area Office  
119 King Street West, 11th Floor  
HAMILTON, ON, L8P-4Y7  
Telephone: (905) 546-8294  
Facsimile: (905) 546-8255**

**Bureau régional de services de  
Hamilton  
119, rue King Ouest, 11iém étage  
HAMILTON, ON, L8P-4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 23, 2013	2013_210169_0021	H-000104- 13, H- 000463-13	Complaint

**Licensee/Titulaire de permis**

**REGENCY LTC OPERATING LP ON BEHALF OF REGENCY  
100 Milverton Drive, Suite 700, MISSISSAUGA, ON, L5R-4H1**

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

**THE WENLEIGH  
2065 Leanne Boulevard, MISSISSAUGA, ON, L5K-2L6**

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

**YVONNE WALTON (169)**

**Inspection Summary/Résumé de l'inspection**

**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): August 16, 19, 2013**

**During the course of the inspection, the inspector(s) spoke with the Director of  
Care/Administrator.**

**During the course of the inspection, the inspector(s) reviewed documentation  
related to critical incident reporting, medication error reporting, policies and  
procedures and internal investigative notes.**

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



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## **Continence Care and Bowel Management**

### **Medication**

### **Nutrition and Hydration**

### **Prevention of Abuse, Neglect and Retaliation**

### **Skin and Wound Care**

**Findings of Non-Compliance were found during this inspection.**

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<b>Legend</b>  WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	<b>Legendé</b>  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**



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**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).

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**Findings/Faits saillants :**

1. The licensee did not ensure that policy named Clinical Nursing Services, Pharmacy and Therapeutics, Medication Reconciliation LTCE-CNS-F-12 was complied with. Resident #1 returned from hospital and the re-admission medication orders were not reconciled according to the home's policy. Upon return to the home, the nursing staff did not follow the home's policy related to medication reconciliation resulting in the medication error. The clinical documentation and Director of Care verified the findings. [s. 8. (1)]

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Issued on this 23rd day of August, 2013

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

*Yvonne Walton*