



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  
prévus le Loi de 2007 les  
foyers de soins de longue

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

Ottawa Service Area Office

347 Preston St, 4th Floor

OTTAWA, ON, K1S-3J4

Telephone: (613) 569-5602

Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa

347, rue Preston, 4<sup>ème</sup> étage

OTTAWA, ON, K1S-3J4

Téléphone: (613) 569-5602

Télécopieur: (613) 569-9670

Public Copy/Copie du public

Date(s) of inspection/Date(s) de  
l'inspection

Aug 22, 23, 24, 27, 28, 29, 30, Sep 4, 5,  
6, 7, 27, 2012

Inspection No/ No de l'inspection

2012\_039126\_0005

Type of Inspection/Genre  
d'inspection

Complaint

See log #'s on page 2.

Licensee/Titulaire de permis

DEEM MANAGEMENT LIMITED

2 QUEEN STREET EAST, SUITE 1500, TORONTO, ON, M5C-3G5

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

WELLINGTON HOUSE NURSING HOME

990 EDWARD STREET NORTH, P.O. BOX 1510, PRESCOTT, ON, K0E-1T0

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

LINDA HARKINS (126)

Inspection Summary/Résumé de l'inspection



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

During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Care, Extendingcare Regional Director, the Food Service Supervisor, the Activity Manager, several registered nursing staff, several personal support workers, Activity staff, Housekeeping staff, several residents and family members.

During the course of the inspection, the inspector(s) reviewed several resident health care records, reviewed several policies( staffing, admission, pets in the home), observed care and services given to residents.

This inspection included several complaints logs # O-001830-12, O-001836-12, O-001845-12, O-001899-12, O-001871-12, O-001911-12, O-001934-12, O-001935-12.

While conducting these complaint inspections, it is noted that the Home did not have RN on site on:

July 28, 2012, day shift 12 hours

July 29, 2012, day shift

Aug 2, 2012, night shift

Aug 5, 2012, day shift between 1pm-3pm

Aug 7, 2012, day, evening and night shifts on

Aug 11, 2012, day shift 12 hours

Aug 14, 2012 evening shift between 21:30-23:00

Aug 16, 2012 night shift 12 hours

Aug 19, 2012 day shift

Aug 20, 2012 day and evening shifts

Aug 21, 2012 day and evening shifts

Aug 22, 2012 day and evening shifts

Aug 23, 2012 day, evening and night shifts

Aug 24, 2012 day and evening shifts

Aug 25, 2012 day and evening shifts

Aug 26, 2012 day and evening shifts

On May 15, 2012, Inspector 161 issued an Order under the Long Term Care Home Act s. 8(3)( 24/7 RN coverage) with a compliance due date of October 1, 2012.

The licensee continue to work toward compliance.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Dignity, Choice and Privacy

Minimizing of Restraining

Nutrition and Hydration

Personal Support Services

Recreation and Social Activities

Skin and Wound Care

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

| Legend                                                                                                                                                                                                                                                                  | Legendé                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order                                                                                                                     | WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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. 110. Requirements relating to restraining by a physical device**

**Specifically failed to comply with the following subsections:**

**s. 110. (1) Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act:**

- 1. Staff apply the physical device in accordance with any manufacturer's instructions.**
- 2. The physical device is well maintained.**
- 3. The physical device is not altered except for routine adjustments in accordance with any manufacturer's instructions. O. Reg. 79/10, s. 110 (1).**

**s. 110. (2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act:**

- 1. That staff only apply the physical device that has been ordered or approved by a physician or registered nurse in the extended class.**
- 2. That staff apply the physical device in accordance with any instructions specified by the physician or registered nurse in the extended class.**
- 3. That the resident is monitored while restrained at least every hour by a member of the registered nursing staff or by another member of staff as authorized by a member of the registered nursing staff for that purpose.**
- 4. That the resident is released from the physical device and repositioned at least once every two hours. (This requirement does not apply when bed rails are being used if the resident is able to reposition himself or herself.)**
- 5. That the resident is released and repositioned any other time when necessary based on the resident's condition or circumstances.**
- 6. That the resident's condition is reassessed and the effectiveness of the restraining evaluated only by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff, at least every eight hours, and at any other time when necessary based on the resident's condition or circumstances. O. Reg. 79/10, s. 110 (2).**

**Findings/Faits saillants :**



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1. The licensee has failed to comply with O.Reg 79/10 s.110. (1) 1. in that staff did not applied physical devices on three residents in accordance with the manufacturer's instructions.

On an identified date in August 2012, resident #10 was observed propelling himself/herself in his/her wheel chair (w/c) with a front closure lap belt hanging on his/her knees. Resident # 10 unable to undo his/her belt. The front closure lap belt was noted to be approximately 10 inches too loose.

On an identified date in August 2012, after discussing with staff #107 about application of restraint, a family member indicated to Inspector that he/she observed resident #11 sliding off his/her chair last Thursday night. Discussion held with PSW # 108, who worked last Thursday and was assigned resident #11, indicated that he/she did observed the resident sliding down his/her wheelchair with his/her front lap belt at the level of the abdomen and his/her bottom at the end of the seat of his w/c. Resident # 11, observed sitting in the TV room with a loose front closure lap belt. The Inspector was able to put her fist between the resident's leg and the lap belt. Resident's # 11 family member's stated that they were aware that the resident has been sliding off his/her chair in the past.

On an identified day in August 2012, resident #12 was observed to be sitting at the nursing station in his/her w/c with a back closure lap belt that was applied at the level of his/her navel. The back closure lap belt was checked and it was noted that there was approximately 12 inches too loose.

This non compliance area was issued on August 27, 2012 as an Immediate Order CO# 901

2. The licensee has failed to comply with O.Regs 79/10 r. 110. (2) 1. in that the home applied a physical device on a resident that was not ordered or approved by a physician or a registered nurse in the extended class.

On an identified day in August 2012, resident #10 was observed propelling himself/herself in his/her wheel chair (w/c) with a front closure lap belt hanging on his/her knees. Resident # 10 unable to undo his/her belt. The front closure lap belt was noted to be approximately 10 inches too loose.

Resident # 10 health care record was reviewed and no orders for a front closure lap belt restraint was found in the documentation.

3. The licensee has failed to comply with O. Regs 79/10 r. 110.(2) 6.in that the resident's condition and the effectiveness of the restraining device is not being reassessed by a member of the registered nursing staff at least every eight hours.

Resident # 12, Restraint Record's for the period of August (1-24) was reviewed and was never signed by registered nursing staff: 0/24 on day shift, 2/24 on evening shift and 15/24 on night shifts.

Resident # 11, Restraint Record's for the period of August (1-24) Record's was reviewed and was never signed by registered nursing staff: 0/24 on day shift, 2/24 on evening shift and 15/24 on night shifts.

Discussion with staff # 107 and he/she stated that he/she was not aware that the registered nursing staff had to sign the restraint record.

Discussion with two Registered Practical Nurses and they were not aware that resident #12 had a restraint.

**Additional Required Actions:**

**CO # - 901 was served on the licensee. Refer to the "Order(s) of the Inspector".**

**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 when a restraint is applied the resident condition and effectiveness of the restraining device is monitored by a registered nursing staff at least every eight hours and that a physical device applied on resident are order or approved by a physician or registered nurse in the extended call,, to be implemented voluntarily.**

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services  
Specifically failed to comply with the following subsections:**

**s. 31. (3) The staffing plan must,**

**(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation;**

**(b) set out the organization and scheduling of staff shifts;**

**(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident;**

**(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and**

**(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).**

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**Findings/Faits saillants :**

1. The licensee has failed to comply with O.Reg 79/10 s.31. (3) (d) in that the staffing plan include a back-up plan for staff replacement that addresses situations when staff cannot come to work. The Licensee's policy (ADMI-03-07-04) indicates "In order to ensure resident safety and meet operational needs, every effort shall be made to replace absent staff members"

Personal Support Workers (PSW) submitted their vacation requests by the end of April 2012. The approved vacation schedule for the period of July 8- September 1, 2012 was posted June 1, 2012.

Vacation time off for staff #110, was approved for the period of Aug 20-24, 2012. As per the documentation in the Wellington House call-in list for PSW, it is noted that staff #110 replacement was not initiated until August 22, 2012, for August 23-24, 2012. On August 24, 2012, it was noted that the home was short one PSW. Discussion held with staff #111, she indicated that the replacement of the vacation of staff # 110 was not done ahead of time because the schedule was misplaced.

PSWs vacations were approved and posted in June 2012 and a back up plan was not put in place to provide coverage for staff #100 vacations.

As per the Rotation for the Registered Nurses sheet, for the period of August 20- September 2, 2012, it is noted that the day shift Registered Nurse(RN) was on holiday from August 20, 2012 to September 2, 2012 inclusively. Those day shifts have not been replaced by an RN on site. Discussion held with the Administrator on August 22, 2012 and confirmed that the day RN holidays have been approved for several months. Staff #111 confirmed that she did not replace the day RN.

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**

Specifically failed to comply with the following subsections:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
  - i. participate fully in the development, implementation, review and revision of his or her plan of care,
  - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
  - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
  - iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
  - i. the Residents' Council,
  - ii. the Family Council,
  - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
  - iv. staff members,
  - v. government officials,
  - vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

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**Findings/Faits saillants :**

1. The licensee has failed to comply with LTCHA 2007, S.O. 2007, Chapter 8, S. 3. (1) 4. in that the licensee did not fully respect and promote the resident's rights to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.

On a specific day in August 2012, a capable resident indicated that call bells are frequently not answered within an acceptable time frame and that it can take up to 45-50 minutes before staff respond.

In mid-August 2012, an informant, stated he/she witnessed resident #15 calling out for assistance to go to the bathroom and by the time staff cared for him/her the resident was incontinent and upset because he/she did not obtain assistance in a timely manner.

On a specific day in August 2012, Inspector #126 observed several residents to be in the dining room for breakfast between 08:30-10:00 am in the morning. Several capable resident's expressed dissatisfaction with the time it takes to be served breakfast. They stated that breakfast is very long, last until 10:00am and that they are expected to return for lunch at 12:00.

Resident # 15 was observed on Friday August 24 and Monday August 27, 2012 to be in his/her pyjama at lunch time. Inspector #126 asked staff why resident was still in his/her pyjama at lunch time, they stated that it was probably because the resident was scheduled for his/her bath. Bathing schedule was reviewed and resident is scheduled for bathing on Thursday.

On a specific day in August 2012(12:07) Resident # 14 was observed to be in his/her bedroom, lying in his/her bed in his/her pyjama. Inspector # 126 asked him/her if he/she was going out to the B.B.Q for lunch and he/she stated " I don't go dress like this, I'm staying in my room". At 12:31, the resident was observed to be sitting out on the patio having his/her lunch with a t-shirt and pants with his/her pyjama under her/his clothing.

**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 resident rights to be care in a manner that meet their needs to diminish the length time of the breakfast, that residents are dress appropriately for meals and call bell bells are answered by acceptable time frame., to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 82. Attending physician or RN (EC)**

Specifically failed to comply with the following subsections:

s. 82. (1) Every licensee of a long-term care home shall ensure that either a physician or a registered nurse in the extended class,

(a) conducts a physical examination of each resident upon admission and an annual physical examination annually thereafter, and produces a written report of the findings of the examination;

(b) attends regularly at the home to provide services, including assessments; and

(c) participates in the provision of after-hours coverage and on-call coverage. O. Reg. 79/10, s. 82 (1).

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**Findings/Faits saillants :**

1. The licensee has failed to comply with O.Reg 79/10 s.82. (1)(a) in that the physician did not conduct a physical examination of each resident upon admission.

The following residents did not have a physical examination by the physician upon admission as of August 27, 2012: Resident # 13, #15, #17, #18, #19, #20, #21 and #22.

Discussion held with registered staff # 103 and #109 and they stated that the physician as not been in the home for a few weeks and that physical examinations have not been completed.

**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 physician conduct a physical examination of each resident upon admission,, to be implemented voluntarily.*

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 24. 24-hour admission care plan**

Specifically failed to comply with the following subsections:

s. 24. (1) Every licensee of a long-term care home shall ensure that a 24-hour admission care plan is developed for each resident and communicated to direct care staff within 24 hours of the resident's admission to the home. O. Reg. 79/10, s. 24 (1).

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**Findings/Faits saillants :**

1. The licensee has failed to comply to O.Reg 79/10 s. 24.1 in that the home did not ensure that a 24-hour admission care plan is developed for each resident and communicated to direct staff within 24 hours of the resident's admission to the home.

On August 22, 2012 the Resident List Report which includes the resident admission dates was obtained by Inspector 126.

All new admissions since July 19, 2012 were identified. The following residents did not have a 24 hour care plan developed as of August 27, 2012.

Resident # 13, #15, #16, #17, #18, #19, #20, #21, and #22.

Discussion held with the Administrator and staff # 103, they indicated that they were aware that the 24 hour admission care plans were to be completed and that these were not done for the identified above residents.

**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 24 hour admission care plan is developed for each resident and communicated to direct staff within 24 hours of the resident's admission to the home., to be implemented voluntarily.*

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing**

Specifically failed to comply with the following subsections:

**s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).**

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**Findings/Faits saillants :**

1. The licensee has failed to comply with O. Reg 79/10 s.33. (1) in that the resident did not received a bath , at a minimum of twice week.

Resident # 3 care flow sheets were reviewed for the period of August 9- 29, 2012. Resident was supposed to receive a bath on August 10, 13, 17 and 24, 2012. Those baths were not signed for and do not appeared to have been rescheduled. Resident family member report that specifically on August 17, 2012, the resident bath was not given and was not rescheduled.

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**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**

Specifically failed to comply with the following subsections:

**s. 50. (2) Every licensee of a long-term care home shall ensure that,**  
**(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,**  
**(i) within 24 hours of the resident's admission,**  
**(ii) upon any return of the resident from hospital, and**  
**(iii) upon any return of the resident from an absence of greater than 24 hours;**  
**(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**  
**(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**  
**(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**  
**(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**  
**(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;**  
**(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and**  
**(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).**

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**Findings/Faits saillants :**

1. The licensee has failed to comply with O. Reg 79/10 s.50. (2) iv in that a resident exhibiting altered skin integrity was not monitored at least weekly by a member of the registered nursing staff.

The Medication Administration Record(MAR) for resident #6 was reviewed and documentation indicates that weekly assessment was not completed for:

May 20- June 19, 2012 no weekly assessment completed

June 20-July 19, 2012 assessment completed on July 10 and 11, 2012

Aug 20- Aug 29, 2012 assessment completed on August 21, 2012.

Skin and wound assessment to be done weekly and were not completed as required when resident #6 has a medical condition and was identified as having altered skin integrity.



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THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/  
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT  
CONFORME AUX EXIGENCES:

| CORRECTED NON-COMPLIANCE/ORDER(S)<br>REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS: |                                    |                                      |                                       |
|----------------------------------------------------------------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| REQUIREMENT/<br>EXIGENCE                                                               | TYPE OF ACTION/<br>GENRE DE MESURE | INSPECTION # / NO<br>DE L'INSPECTION | INSPECTOR ID #/<br>NO DE L'INSPECTEUR |
| O.Reg 79/10 r. 110. (1)                                                                | CO #901                            | 2012_039126_0005                     | 126                                   |

Issued on this 28th day of September, 2012

*Please note that the licensee report was issued on Sept 7/12*

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

*Harker*



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

**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

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

**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

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

Public Copy/Copie du public

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|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Name of Inspector (ID #) /<br>Nom de l'inspecteur (No) :                        | LINDA HARKINS (126)                                                                            |
| Inspection No. /<br>No de l'inspection :                                        | 2012_039126_0005                                                                               |
| Type of Inspection /<br>Genre d'inspection:                                     | Complaint                                                                                      |
| Date of Inspection /<br>Date de l'inspection :                                  | Aug 22, 23, 24, 27, 28, 29, 30, Sep 4, 5, 6, 7, 27, 2012                                       |
| Licensee /<br>Titulaire de permis :                                             | DEEM MANAGEMENT LIMITED<br>2 QUEEN STREET EAST, SUITE 1500, TORONTO, ON, M5C-3G5               |
| LTC Home /<br>Foyer de SLD :                                                    | WELLINGTON HOUSE NURSING HOME<br>990 EDWARD STREET NORTH, P.O. BOX 1510, PRESCOTT, ON, K0E-1T0 |
| Name of Administrator /<br>Nom de l'administratrice<br>ou de l'administrateur : | <del>MARYLIN BENN</del> <i>Sandra Sheridan</i> <sup>PH</sup>                                   |

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To DEEM MANAGEMENT LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:



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

**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

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

**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

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|                                 |                                         |
|---------------------------------|-----------------------------------------|
| <b>Order # /<br/>Ordre no :</b> | <b>Order Type /<br/>Genre d'ordre :</b> |
| 901                             | Compliance Orders, s. 153. (1) (a)      |

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 110. (1) Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act:

1. Staff apply the physical device in accordance with any manufacturer's instructions.
2. The physical device is well maintained.
3. The physical device is not altered except for routine adjustments in accordance with any manufacturer's instructions. O. Reg. 79/10, s. 110 (1).

**Order / Ordre :**

The licensee will ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act:

1. Staff apply the physical device in accordance with any manufacturer's instructions.

**Grounds / Motifs :**

1. The licensee has failed to comply with O.Reg 79/10 r.110. (1) 1. in that staff did not ap The licensee has failed to comply with O.Reg 79/10 r.110. (1) 1. in that staff did not applied physical devices on three residents in accordance with the manufacturer's instructions.

On August 27, 2012, resident #10 was observed propelling herself in her wheel chair (w/c) with a front closure lap belt hanging on her knees. Resident # 10 unable to undo her belt. The front closure lap belt was noted to have approximately 10 inches too loose.

On August 27, 2012, after discussing with the RPN about the application of restraint, a family member indicated to Inspector that she observed resident #11 sliding off his chair last Thursday night (August 13, 2012). PSW # 108, indicated that she worked last Thursday evening shift and was assigned resident #11. On that evening, she observed the resident sliding down his wheelchair with his front lapt belt at the level of the abdomen and his bottom at the end of the seat of his w/c. Resident # 11, observed sitting in the TV room with a loose front closure lap belt. The Inspector was able to put her fist between the resident's leg and the lap belt. Resident's # 11 wife stated that she was aware that the resident has been sliding off his chair in the past.

On August 27, 2012, resident #12 was observed to be sitting at the nursing station in her w/c with a back closure lap belt that was applied at the level of her navel. The back closure lap belt was checked and it was noted that there was approximately 12 inches too loose. (126)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :** Immediate



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

**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

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de soins de longue durée*, L.O. 2007, chap. 8

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|                                 |     |                                         |                                    |
|---------------------------------|-----|-----------------------------------------|------------------------------------|
| <b>Order # /<br/>Ordre no :</b> | 001 | <b>Order Type /<br/>Genre d'ordre :</b> | Compliance Orders, s. 153. (1) (a) |
|---------------------------------|-----|-----------------------------------------|------------------------------------|

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 31. (3) The staffing plan must,  
(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation;  
(b) set out the organization and scheduling of staff shifts;  
(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident;  
(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and  
(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

**Order / Ordre :**

The licensee shall ensure that the staffing plan include a back up plan for staff replacement, that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work and that is implemented to ensure residents' care and safety needs.

**Grounds / Motifs :**

1. The licensee has failed to comply with O.Reg 79/10 s.31. (3) (d) in that the staffing plan include a back-up plan for staff replacement that addresses situations when staff cannot come to work. The Licensee's policy (ADMI-03-07-04) indicates "In order to ensure resident safety and meet operational needs, every effort shall be made to replace absent staff members"

Personal Support Workers (PSW) submitted their vacation requests by the end of April 2012. The approved vacation schedule for the period of July 8- September 1, 2012 was posted June 1, 2012.

Vacation time off for staff #110, was approved for the period of Aug 20-24, 2012 . As per the documentation in the Wellington House call-in list for PSW, it is noted that staff #110 replacement was not initiated until August 22, 2012, for August 23-24, 2012. On August 24, 2012 , it was noted that the home was short one PSW. Discussion held with staff #111, she indicated that the replacement of the vacation of staff # 110 was not done ahead of time because the schedule was misplaced.

PSWs vacations were approved and posted in June 2012 and a back up plan was not put in place to provide coverage for staff #100 vacations.

As per the Rotation for the Registered Nurses sheet, for the period of August 20- September 2, 2012, it is noted that the day shift Registered Nurse(RN) was on holiday from August 20, 2012 to September 2, 2012 inclusively. Those day shifts have not been replaced by an RN on site. Discussion held with the Administrator on August 22, 2012 and confirmed that the day RN holidays have been approved for several months. Staff #111 confirmed that she did not replace the day RN. (126)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :** Oct 05, 2012



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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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**REVIEW/APEAL 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 services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

**Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11<sup>th</sup> Floor  
Toronto ON M5S 2B1  
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 tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Director

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

**Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11<sup>th</sup> Floor  
Toronto ON M5S 2B1  
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).



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**RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

**PRENDRE AVIS**

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

**Directeur**  
**a/s Coordinateur des appels**  
**Direction de l'amélioration de la performance et de la conformité**  
**Ministère de la Santé et des Soins de longue durée**  
1075 rue Bay, 11<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur: (416) 327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision des services de santé  
151, rue Bloor Ouest, 9<sup>e</sup> étage  
Toronto (Ontario) M5S 2T5

**Directeur**  
**a/s Coordinateur des appels**  
**Direction de l'amélioration de la performance et de la conformité**  
**Ministère de la Santé et des Soins de longue durée**  
1075 rue Bay, 11<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur: (416) 327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

Issued on this 27th day of September, 2012

Signature of Inspector /  
Signature de l'inspecteur :

*L. Harkins*

Name of Inspector /  
Nom de l'inspecteur :

LINDA HARKINS

Service Area Office /  
Bureau régional de services :

Ottawa Service Area Office

*The licensee report was filed Sept 7, 2012. LSH*