

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**Central West Service Area Office
1st Floor, 609 Kumpf Drive
WATERLOO ON N2V 1K8
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Facsimile: (519) 885-2015Bureau régional de services de Centre
Ouest
1e étage, 609 rue Kumpf
WATERLOO ON N2V 1K8
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 20, 2021	2021_750539_0010	010957-21	Complaint

Licensee/Titulaire de permisCorporation 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 Charles Allan Way Fergus ON N1M 0A1**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

VALERIE GOLDRUP (539)

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 9-13, 2021.

The following intake was completed in this Complaint inspection:

Log #010957-21 was related to a concern with resident rights.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Assistant Administrator, the Director of Care, a Resident Manager, the Maintenance Service Manager, the Social Service Worker, the Behavioural Support Ontario Personal Support Worker (PSW), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSWs), and residents.

During the course of the inspection, the inspector observed resident and staff interactions, reviewed clinical health records, relevant home policies and procedures, and other pertinent documents.

This inspection was completed concurrently with inspection 2021_750539_0011.

The following Inspection Protocols were used during this inspection:

Pain

Personal Support Services

During the course of this inspection, Non-Compliances were not issued.

0 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

Issued on this 20th day of August, 2021

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

Original report signed by the inspector.

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the Long-Term Care
Homes Act, 2007**

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**Division des opérations relatives aux
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 20, 2021	2021_750539_0011	006186-21	Critical Incident System

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 Charles Allan Way Fergus ON N1M 0A1

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

VALERIE GOLDRUP (539)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): August 9-13, 2021.

The following intake was completed in this Critical Incident System (CIS) inspection:

Log #006186-21 was related to falls prevention and management.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Assistant Administrator, the Director of Care, a Resident Manager, the Maintenance Service Manager, the Social Service Worker, the Behavioural Support Ontario Personal Support Worker (PSW), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSWs), and residents.

During the course of the inspection, the inspector observed resident and staff interactions, the home's infection prevention and control practices and the home's air temperatures. They reviewed clinical health records, relevant home policies and procedures, and other pertinent documents.

This inspection was completed concurrently with inspection 2021_750539_0010.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Safe and Secure Home

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

1 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 21. Air temperature
Specifically failed to comply with the following:**

s. 21. (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. O. Reg. 79/10, s. 21 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that air temperatures were measured and documented in writing, at a minimum, for specified home areas, during specified time periods, and that a record of the measurements were kept.

As of May 15, 2021, Ontario Regulation 79/10 included additional amendments related to cooling requirements and air temperatures in the Long Term Care (LTC) home.

The home was required to at a minimum measure and document in writing the air temperatures in the following areas of the home: two resident bedrooms in different parts of the home, and one resident common area on every floor of the home. These temperatures were required to be documented at least once every morning, once every afternoon between 1200 hours and 1700 hours and once every evening or night.

Maintenance staff stated they were measuring and documenting one air temperature every shift starting July 9, 2021.

The lack of temperature monitoring of both resident bedrooms and resident common areas in various parts of the home, could result in the home being unaware of increasing temperatures in the home; which may put residents at risk for heat related illness.

Sources: record of the home's documented air temperatures, interview with the Maintenance Service Manager. [s. 21. (3)]

Issued on this 20th day of August, 2021

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

Original report signed by the inspector.