

**Ministry of Long-Term Care**  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Ottawa District**  
347 Preston Street, Suite 410  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559

**Original Public Report**

<b>Report Issue Date:</b> September 15, 2023	
<b>Inspection Number:</b> 2023-1174-0001	
<b>Inspection Type:</b> Proactive Compliance Inspection	
<b>Licensee:</b> Keay Nursing Homes Inc.	
<b>Long Term Care Home and City:</b> E. J. McQuigge Lodge, Cannifton	
<b>Lead Inspector</b> Anna Earle (740789)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Stephanie Fitzgerald (741726)	

**INSPECTION SUMMARY**

<p>The inspection occurred onsite on the following date(s): August 28-31, 2023 and September 1, 5-7, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>• Intake: #00095295 - PCI (Proactive Compliance Inspection)</li> </ul>
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The following **Inspection Protocols** were used during this inspection:

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Medication Management
- Residents’ and Family Councils
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect

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Quality Improvement  
Residents' Rights and Choices  
Pain Management  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Windows

#### NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 19

The licensee has failed to ensure that every window in the home that opens to the outdoors and is accessible to residents, cannot be opened more than 15 centimeters (cm).

#### Rationale and Summary:

On August 29, 2023, during a tour of the home, Program Director #100 accompanied Inspectors to assist with window opening measurements. Measurements taken from the outside trim of each horizontal sliding window, in three rooms, resulted in measurements of 58cm each.

During an interview with Programs Director #100, it was confirmed that the home uses hardware in the window trim, to restrict the opening to 15cm. The hardware had been removed. It was confirmed that the window opening was 58cm.

By not ensuring the windows leading to the outdoors that are accessible to residents cannot be opened more than 15cm, residents are at risk of elopement.

**Sources:** Window observation August 29, 2023; Photos from three rooms; Interview with the Program Director #100.

[741726]

### WRITTEN NOTIFICATION: Air Temperature

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**NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 24 (3)

The licensee has failed to ensure that that the air temperature is documented in writing at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

**Rationale and Summary**

A review of the temperature monitoring log's showed nine missing entries between August 21, 2023 and September 6, 2023.

During an interview with Registered Practical Nurse (RPN) #116 and Programs Director #100, it was confirmed that the expectation is to complete the required temperature logs three times a day. It was also confirmed there were nine missing entries between August 21, 2023 to September 6, 2023. Programs Director #100 could not confirm if the air temperature measurements for the missing entries were completed, however, confirmed they were not documented.

By not ensuring the air temperature is measured and documented in writing, the home is not aware of temperatures that need to be actioned, placing the residents at risk.

**Sources:** Temperature Monitoring Log, Interview RPN #116 and Programs Director #100

[741726]



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**Inspection Report Under the  
Fixing Long-Term Care Act, 2021**

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