Ontario

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

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

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Public Report

Report Issue Date: December 3, 2025
Inspection Number: 2025-1174-0003
Inspection Type: Critical Incident
Licensee: Keay Nursing Homes Inc.
Long Term Care Home and City: E. J. McQuigge Lodge, Cannifton

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 27, 28, 2025 and December 2, 2025
The inspection occurred offsite on the following date(s): December 1, 2025
The following intake(s) were inspected:

- Intake: #00161725 was regarding an incident that caused an injury to the resident for which the resident was taken to hospital, and which resulted in a significant change in the resident's health status.

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

Skin and Wound Prevention and Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Falls prevention and management

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.
Required programs
s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

In accordance with O. Reg. 246/22, s. 11 (1) a, the licensee is required to ensure that 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, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system,

(a) is in compliance with and is implemented in accordance with all applicable requirements under the Act.

The licensee's Fall Prevention and Management policy failed to outline that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

Sources: Review of the licensee's Fall Prevention and Management policy; and interviews with staff.

WRITTEN NOTIFICATION: Skin and wound care.

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

A resident, who was exhibiting altered skin integrity, did not receive a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment, during the month of October 2025.

Sources: a resident progress notes, care plan, medication administration record (eMAR), skin and wound assessments; and interviews with staff.