

**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

## Public Report

**Report Issue Date:** March 16, 2026

**Inspection Number:** 2026-1174-0002

**Inspection Type:**

Proactive Compliance Inspection

**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): March 10-13, 16, 2026

The following intake(s) were inspected:

- Intake: #00172483 - Proactive Compliance Inspection

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

Skin and Wound Prevention and Management  
Continence Care  
Safe and Secure Home

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Doors in a home

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

**Non-compliance with: O. Reg. 246/22, s. 12 (1) 2.**

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Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

2. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

During observations of the secure courtyard on a day in March, 2026, it was noted that the fire door does not have a locking mechanism to restrict unsupervised access by residents. On another day in March, 2026, Inspector noted during observations that the side door which also provides access to the secure courtyard, is equipped with a thumb lock which is accessible to residents, and does not restrict unsupervised access to the courtyard. This was confirmed by a Registered Nurse (RN) and Program Director.

**Sources:** Inspector observations; Review of correspondence from contracted electrician; interviews with an RN and Program Director.

## **WRITTEN NOTIFICATION: Communication and response system**

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

**Non-compliance with: O. Reg. 246/22, s. 20 (e)**

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that, (e) is available in every area accessible by residents;

On a day in March, 2026, Inspector noted there was no communication and response system located outside in the secure courtyard area, which is accessible

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to residents. This was confirmed by the Program Director and the Electrician.

**Sources:** Inspector observations; Review of correspondence from contracted electrician; interviews with Program Director and Electrician.

## **WRITTEN NOTIFICATION: Continence care and bowel management**

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

### **Non-compliance with: O. Reg. 246/22, s. 56 (1) 5.**

Continence care and bowel management

s. 56 (1) The continence care and bowel management program must, at a minimum, provide for the following:

5. Annual evaluation of residents' satisfaction with the range of continence care products in consultation with residents, substitute decision-makers and direct care staff, with the evaluation being taken into account by the licensee when making purchasing decisions, including when vendor contracts are negotiated or renegotiated.

An annual evaluation of residents' satisfaction with the range of continence care products in consultation with residents, substitute decision-makers and direct care staff was not completed by the home. In an interview with the Director of Care (DOC), they confirmed they do not have an annual evaluation.

**Sources:** Absence of the annual evaluation, and an interview with the DOC.

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NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 56 (2) (a)**

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

A resident's current plan of care indicated that they are incontinent of bladder and bowel function. Review of the resident's plan of care and interviews with staff confirmed that the resident has not had an incontinence assessment that includes identification of causal factors, patterns, type of incontinence, and potential to restore function with specific interventions using a clinically appropriate assessment instrument.

**Sources:** A resident's plan of care, and interviews with a Personal Support Worker (PSW), an RN, and the DOC.