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

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: November 12, 2025
Inspection Number: 2025-1222-0004
Inspection Type: Proactive Compliance Inspection
Licensee: Kingsway Nursing Homes Limited
Long Term Care Home and City: Kingsway Lodge Nursing Home, St Marys

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: October 29, 30, November 3-7, and 12, 2025.

The following intake was inspected:

- Intake: #00160287- Proactive Compliance Inspection

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

Food, Nutrition and Hydration
Medication Management
Infection Prevention and Control
Safe and Secure Home
Restraints/Personal Assistance Services Devices (PASD) Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 19
Windows
s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

A window was observed to not have a screen installed. Later the same day, a screen was installed in the window.

Sources: observation of a window, and a staff interview.

Date Remedy Implemented: October 30, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control.

There was no signage posted near an entrance to the home listing the signs and symptoms of infectious diseases for self-monitoring as well as steps that must be

taken if an infectious disease was suspected or confirmed in an individual. The lack of signage was remedied the following day.

Sources: observations of an entrance to the home, and a staff interview.

Date Remedy Implemented: November 6, 2025

WRITTEN NOTIFICATION: Doors in a home

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.
Doors in a home
s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

Multiple doors leading to non-residential areas were not kept closed and locked to restrict unsupervised access by residents.

Sources: observations of multiple doors in the home, and interviews with staff.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 74 (2) (c)
Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,
(c) the implementation of interventions to mitigate and manage those risks;

The home did not comply with their nutritional care program when an intervention was not implemented for a resident who was identified as having risks related to nutritional care.

Sources: observation of a snack service, review of a resident's health care records and dietary care plan, and interviews with staff.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 74 (2) (d)
Nutritional care and hydration programs
s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,
(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration;

The home did not comply with their system to monitor the fluid intake of a resident with identified risks related to hydration.

Sources: review of a resident's health care records and dietary care plan, and interviews with staff.

WRITTEN NOTIFICATION: Dining and snack service

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 79 (1) 4.
Dining and snack service
s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
4. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.

The home did not comply with their process to ensure a food service worker and other staff assisting residents were aware of a resident's special needs and preferences.

Sources: observations of snack services, record review of a resident's health care records and dietary care plan, and interviews with staff.

WRITTEN NOTIFICATION: Policy to Minimize Restraining of Residents

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 118 (g)
Policy to minimize restraining of residents, etc.
s. 118. Every licensee of a long-term care home shall ensure that the home's written policy under section 33 of the Act deals with,
(g) how the use of restraining in the home will be evaluated to ensure minimizing of restraining and to ensure that any restraining that is necessary is done in accordance with the Act and this Regulation.

The home's written policy to minimize the restraining of residents did not deal with how the use of restraining in the home was to be evaluated to ensure minimizing of restraining and to ensure that any restraining that was necessary was done in accordance with the Act and this Regulation.

Sources: review of the home's policies, and a staff interview.

WRITTEN NOTIFICATION: Safe storage of drugs

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)
Safe storage of drugs
s. 138 (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(ii) that is secure and locked,

Drugs were found in multiple areas that were not secured and locked.

Sources: observations of drugs in unsure locations, and interviews with staff.

COMPLIANCE ORDER CO #001 Plan of care

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 6 (1) (c)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident;

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

A) Review and revise a resident's plan of care as a multidisciplinary team to ensure the plan provides clear direction to staff, and any others who provide direct care to the resident, on the use of a type of safety device.

B) Retrain any staff who provide direct care to a resident on the resident's plan of care related to the use of a safety device. Records of this retraining must be kept in the home until this order is complied, and these records must include the names of the staff retrained and the dates of the retraining.

C) Review and revise a resident's plan of care as a multidisciplinary team to ensure the plan provides clear direction to staff, and any others who provide direct care to the resident, on the use of a type of safety device.

D) Retrain any staff who provide direct care to a resident on the resident's plan of care related to the use of a safety device. Records of this retraining must be kept in the home until this order is complied, and these records must include the names of the staff retrained and the dates of the retraining.

Grounds

Multiple residents had unclear direction on the use of a safety device within their plans of care. Staff reported using the safety devices in ways that were not consistent with the residents' plans of care. The residents were placed at risk related to the unclear direction for staff on the use of the safety devices.

Sources: residents' health care records, and staff interviews.

This order must be complied with by December 12, 2025

COMPLIANCE ORDER CO #002 Requirements relating to restraining by a physical device

NC #010 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 119 (7)
Requirements relating to restraining by a physical device
s. 119 (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 35 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:
1. The circumstances precipitating the application of the physical device.
2. What alternatives were considered and why those alternatives were inappropriate.
3. The person who made the order, what device was ordered, and any instructions relating to the order.
4. Consent.
5. The person who applied the device and the time of application.
6. All assessment, reassessment and monitoring, including the resident's response.
7. Every release of the device and all repositioning.
8. The removal or discontinuance of the device, including time of removal or discontinuance and the post-restraining care.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall,

A) Update the home's policies on the use of physical devices as restraints to expressly incorporate the documentation requirements mandated under paragraphs one (1) through eight (8) of Ontario Regulation 246/22, subsection 119 (7) when a physical device is used to restrain a resident under section 35 of the Act. Keep a documented record of the policy changes.

B) Ensure all the changes to the home's policies in part A of this order are adhered to for any physical device that restrains multiple residents.

C) Complete in-person retraining for all nursing staff on the changes made to the policies in part A of this order. Records of this retraining are to be kept in the home until this order is complied, including the names of the staff who were retrained.

Grounds
The documentation requirements in paragraphs one (1) through eight (8) of Ontario Regulation 246/22, subsection 119 (7) were not completed for one or more residents who were restrained under section 35 of the Act. There was risk to multiple residents who were restrained when the home did not complete the required documentation.

Sources: multiple residents' health care records, and interviews with staff.

This order must be complied with by December 31, 2025

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

London District
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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.