



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
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Direction de l'amélioration de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 27, 2015	2015_262523_0028	027945-15	Resident Quality Inspection

Licensee/Titulaire de permis

PROVINCIAL NURSING HOME LIMITED PARTNERSHIP
1090 MORAND STREET WINDSOR ON N9G 1J6

Long-Term Care Home/Foyer de soins de longue durée

QUEENSWAY NURSING HOME, DIVISION OF PROVINCIAL NURSING HOME
LIMITED PARTNERSHIP
100 QUEEN STREET EAST HENSALL ON N0M 1X0

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

ALI NASSER (523), DONNA TIERNEY (569), MARIAN MACDONALD (137)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): October 20, 21, 22, 23 & 26, 2015

During the course of the inspection, the inspector(s) spoke with the General Manager (GM), Director of Care (DOC), Programs Manager, Food Services Manager (FSM), Environmental Services Manager (ESM), Registered Dietitian (RD), Restorative Care Aide, Head Cook, Dietary Aide, Ward Clerk, four Registered Staff, eight Personal Support Workers (PSW) / Health Care Aides (HCA), three family members, Family and Resident Council Representatives and 40 residents.

The inspector(s) also conducted a tour of the home including resident and common areas, observed residents, resident/staff interactions, activities and care provided; Observed meal and snack services, infection prevention and control practices and medication pass & medication storage areas; Reviewed health records and plans of care for identified residents, reviewed relevant policies and procedures and observed general maintenance, cleanliness and condition of the home.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Laundry
Accommodation Services - Maintenance
Contenance Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Residents' Council
Responsive Behaviours
Safe and Secure Home**



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

2 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification

VPC – Voluntary Plan of Correction

DR – Director Referral

CO – Compliance Order

WAO – Work and Activity Order

Legendé

WN – Avis écrit

VPC – Plan de redressement volontaire

DR – Aiguillage au directeur

CO – Ordre de conformité

WAO – Ordres : travaux et activités

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).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.



WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) 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, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

a) A review of the home's policy Monitoring Residents Weight and Height, policy number: NM-5.100; revealed the following: "If the weight value difference is greater than 2.5 kg: A reweigh is completed. If a resident has a loss or gain of 2.5 KG over a month, a reweigh must be done by the health care staff. The old weight is struck out and the new weight recorded".

A clinical record review and interviews with the General Manager and Food Services Manager revealed that the home did not comply with their own policy for when a resident's weight variance was greater than 2.5 kilograms over a month.

b) A review of the home's policy Monitoring Residents Weight and Height, policy number: NM-5.100; revealed that "after admission, heights are then required to be taken annually by the health care staff- this is usually completed during the months that their annual MDS assessment is completed".

A clinical record review and interviews with the General Manager and Food Services Manager revealed that the home did not comply with their own policy for measuring resident's height annually.

c) A review of the home's policy Falls Prevention and Management Program, Policy number RC -2.010; revealed that "Registered staff must initiate head injury routine if the fall was not witnessed, head injury is noted (swelling bruising, abrasion, laceration on the head) or is resident on anticoagulant therapy".

A clinical record review and staff interviews revealed the home did not comply with their own policy for completing post fall head injury routine.

d) A review of the home's policy Subject: Missing/Damaged Personal Clothing, Policy numbers ES-4.120; revealed that "The Personal Support Worker (PSW) must report the lost item by forwarding the Missing Laundry Form to the laundry staff if the item is not found in the home area".

Residents and Staff interviews revealed that the home did not comply with their policy for reporting missing personal clothing.



Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :

The licensee has failed to ensure that all hazardous substances were kept inaccessible to residents at all times.

Observations during the initial tour revealed that the keys for storage and utility areas containing hazardous substances were kept hanging on the outside of these doors and accessible to residents.

Above observations were confirmed by the General Manager, Director of Care and a Registered Staff member who confirmed the expectation was that hazardous substances were to be kept inaccessible to residents at all times.



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Issued on this 27th day of October, 2015

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

Original report signed by the inspector.