

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: August 28, 2025
Inspection Number: 2025-1159-0002
Inspection Type: Complaint
Licensee: QCC Corp.
Long Term Care Home and City: Watford Quality Care Centre, Watford

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 12-14, 18-22, 25-28, 2025.

The following intake(s) were inspected:

Intake: #00152120 - Complainant - concerns regarding cooling requirements, mould and outdated hand sanitizers

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

- Resident Care and Support Services
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control
- Safe and Secure Home

INSPECTION RESULTS

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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: 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; and

A resident was observed using an assistive device for toileting in their room unattended. The resident's plan of care stated that staff should be in attendance the entire time during toileting, however, the resident had requested to be unattended, for privacy. The Director of Care (DOC) acknowledged that the resident's plan of care did not provide clear direction.

Subsequent review of the plan of care showed an intervention to allow the resident to use the assistive device for toileting, unattended, with the call bell in reach when requested.

Sources: Resident plan of care, observation and interview with DOC.

Date Remedy Implemented: August 14, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

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Non-compliance with: O. Reg. 246/22, s. 272

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The licensee failed to ensure that all hand sanitizer products were not expired as per applicable directives issued by the Chief Medical Officer of Health or a medical officer of health. As per a directive on page 26 of 'Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings' issued by the Ministry of Health, all hand sanitizer available in the home must have not been expired.

Inspector observed two bottles of hand sanitizer on the long hall that were expired. These were replaced immediately when brought to the attention of the staff.

Sources: Observation and discussions with staff.

Date Remedy Implemented: August 12, 2025

WRITTEN NOTIFICATION: Air Temperatures

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

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

Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

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The licensee failed to ensure that air temperatures were measured and 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.

On various dates in July and August, air temperature records contained blank entries where temperatures were not recorded.

Sources: Air temp records, interviews with the Director of Care.

COMPLIANCE ORDER CO #001 Accommodation services

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 19 (2) (a)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with FLTCA, 2021, s. 19 (2) (a) [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to:

Specifically, the licensee shall prepare, submit and implement a plan to maintain the home, furnishings and equipment and ensure they are kept clean and sanitary.

A. Complete an audit of all the Resident Home Areas (RHA) to identify floors, walls, windows and all other areas of uncleanliness.

B. Complete a checklist of the cleaning to be done which includes where, how, who would be responsible for completing the work, when the work will be started, when

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it will be completed and how it will be maintained.

C. Ensure that the leadership team participates in creating the plan, including the Administrator, Director of Care (DOC), Environmental Supervisor (ES) and the Infection Prevention and Control (IPAC) Lead.

Grounds

The licensee failed to ensure that the home, furnishings and equipment were kept clean and sanitary;

During observations throughout the entire home, resident home areas were noted to be unclean.

-Multiple areas were found to have a build up of grime, dirt and debris along the floor perimeter, around door frames and behind doors.

-Handrails throughout the home had debris and dust build up behind the wall mount and the wood rail.

-Some windows had dust, debris and an accumulation of cobwebs around the frame and in the window sills.

-Outside eaves and windows are dust covered, have an accumulation of cobwebs and debris on them.

-Many ceiling exhaust fans fins were dusty and have debris stuck to them.

The Administrator acknowledged that the cleanliness of the home did not meet their expectations.

Sources: Observations and interviews with residents and staff.

This order must be complied with by November 7, 2025

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COMPLIANCE ORDER CO #002 Accommodation services

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with FLTCA, 2021, s. 19 (2) (c) [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to:

Specifically, the licensee shall prepare, submit and implement a plan to ensure the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

A. Complete an audit of all the Resident Home Areas (RHA) to identify floors, drywall, furniture, countertops, bathroom wall tiles, ceiling tiles, baseboards and all other areas of disrepair.

B. Complete a checklist of the maintenance to be done which includes where, how, who would be responsible for completing the work, when the work will be started, when it will be completed and how it will be maintained.

C. Ensure that the leadership team participates in creating the plan, including the Administrator, Director of Care (DOC), Environmental Supervisor (ES) and the Infection Prevention and Control (IPAC) Lead.

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Grounds

The licensee failed to ensure that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair.

During observations throughout the entire home, many resident home areas were noted to be in a state of disrepair.

- Multiple areas of wall damage were observed, including but not limited to damaged drywall, chipped and scuffed paint, black marks on the walls.
- Multiple areas of baseboards missing, coming away from the walls, broken or duct taped.
- Multiple areas where flooring is uneven, has divots, deep scratches, is cracked, chipped or raised.
- Several areas were missing decorative wall tiles, resulting in exposed sharp and rigid edges.
- Multiple ceiling tiles had holes, were stained or drooping.
- Deteriorated finishes on wood surfaces and chipped laminate countertops exposing porous surfaces.

Sources: Observations and interviews with staff.

This order must be complied with by November 7, 2025

COMPLIANCE ORDER CO #003 Doors in a home

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

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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:

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.

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

The licensee shall:

A) Determine and implement a solution to ensure that the entrances leading to the staff corridor are secured, so that the area can consistently and reliably restrict unsupervised access to the areas by residents without fail.

B) Ensure all non-residential areas are locked, equipped with locks or kept closed and locked when unsupervised by staff.

Grounds

The licensee failed to ensure that entrances to all doors leading to non-residential areas, were locked, equipped with locks or kept closed and locked when unsupervised by staff.

During inspection, a door leading to non-residential areas was not equipped with a lock and other doors within that area were found to be unlocked, could not be locked or were propped open and left unattended with access to chemicals. At the other end of the hallway, a mesh safety gate was observed in place to restrict access to these non-residential areas from the activity room. The mesh gate is not

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secure, as it is easy to unlatch and has the potential to be climbed over or crawled under.

During discussion with Director of Care, they confirmed that the hallway was considered a non-residential area.

Sources: Observations and interview with the Director of care.

This order must be complied with by November 7, 2025

COMPLIANCE ORDER CO #004 Housekeeping

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 93 (2) (d)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(d) addressing incidents of lingering offensive odours.

The inspector is ordering the licensee to comply with a Compliance Order

[FLTCA, 2021, s. 155 (1) (a)]:

Specifically the licensee must:

1. Ensure procedures are developed and implemented and corrective solutions are achieved to address the incident(s) of lingering offensive odours in two specific resident rooms, bathrooms and the odour in the resident hallway, in and around two other specific resident rooms, the end lounge and around the end hall exit door.
2. Conduct an assessment to identify the source of the lingering offensive odours in

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the areas of concern.

3. Maintain documented record of this assessment.
4. Based on assessment in part 1, develop and implement a resolution for the lingering offensive odours.

Grounds

The licensee has failed to ensure that procedures were developed and implemented for addressing incidents of lingering offensive odours.

Throughout the inspection, lingering offensive odours were noted.

Two specific resident bathrooms were found to have a lingering offensive urine odour that continued to exist after additional cleaning measures were implemented.

A lingering offensive odour was noted throughout the inspection down a resident hallway, extending to the end lounge and the end exit door and outside of two additional resident rooms.

The Administrator verified that the home did not have procedures developed and implemented to address the lingering offensive odours.

Sources: Interviews with a resident and staff.

This order must be complied with by November 7, 2025

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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

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e-mail: MLTC.AppealsCoordinator@ontario.ca

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:

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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.