



**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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## **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Sep 23, 2014	2014_183135_0078	004335-14	Complaint

### **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**

BONNIE MACDONALD (135)

### **Inspection Summary/Résumé de l'inspection**

**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): September 18, 2014.**

**During the course of the inspection, the inspector(s) spoke with General Manager, Director of Care, Food Services Manager, Environmental Services Supervisor, 3 Health Care Aides, 3 Dietary Aides and 5 Residents.**

**During the course of the inspection, the inspector(s) reviewed resident clinical records and policy and procedures for Food Services. Observed resident care and services provided in resident home area.**

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



Accommodation Services - Housekeeping
Accommodation Services - Laundry
Dining Observation
Food Quality
Infection Prevention and Control
Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Table with 2 columns: Legend and Legendé. Legend includes WN (Written Notification), VPC (Voluntary Plan of Correction), DR (Director Referral), CO (Compliance Order), WAO (Work and Activity Order). Legendé includes Avis écrit, Plan de redressement volontaire, Aiguillage au directeur, Ordre de conformité, Ordres : travaux et activités. The table also contains a detailed description of non-compliance with LTCHA requirements and its translation into French.

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



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**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).**

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**Findings/Faits saillants :**



1. The Licensee failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was not complied with when the following was observed:

a) Home's Taking Food Temperatures Policy #NM-4.050 June 2013, states:

Prior to serving the prepared meal and at the source take a clean sanitized thermometer and place it in the middle of the food to get a proper reading.

During lunch service September 18, 2014, in the main dining room it was observed that prior to serving the prepared meal to residents meal temperatures were not taken.

In an interview the Food Services Manager revealed that in the 3 years she has been there temperatures are not taken prior to serving the prepared meal to residents.

b) The home's Cooking Temperatures Policy # NM-3.115, June 2013, states Refrigerated Food will be 4C (40F) or less.

The home's policy was not complied with when the following temperatures were observed to be above 4C (40F) when probed just prior to lunch service September 18, 2014, in the main dining room:

Chicken Salad in bowl for resident=51.2F

Chicken Salad Sandwich =52.1F

Minced Ham =60.2F

Puree Ham=49.6 F

During an interview the Food Services Manager confirmed her expectation that the home's Cooking Temperatures and Taking Food Temperatures policies of June, 2013 are complied with related to the service of meals to residents. [s. 8. (1)]



***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 ensuring that Cooking Temperatures and Taking Food Temperatures policies are complied with related to the service of meals to residents, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services**

**Specifically failed to comply with the following:**

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
  - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
  - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

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**Findings/Faits saillants :**



1. The Licensee failed to ensure that the home, furnishings and equipment were kept clean and sanitary as evidenced by the following:

During a walking tour of resident rooms the following rooms were noted to have window sills that were stained and in need of refinishing as the varnish and/or paint were noted to be peeling from the sills:

4 resident rooms

During Lunch September 18, 2014, the following observations were made in the home's lower dining room:

- Dirty screens in dining room windows
- Window ledges dusty
- Floor tiles noted to be seeping a black glue like substance in numerous locations in the dining area
- Walls scraped of paint
- Dirty fan cover noted in dining server area
- Some lipped plates were noted to be stained as the finish was off the plates

Observations in the home's main kitchen revealed the following unclean areas:

- Walls below dirty end of the dish machine and garbage container had a build up of food spills
- Food waste was built up along floor at dirty end of the dish machine and legs of the dish machine
- Dirty water with food waste was lying on top of the dish machine soap dispenser
- Caulking along table top of the dirty end of the dish machine was black and mould like in appearance
- Food like spatters were noted on the dish room ceiling
- Floors in the dish machine area were soiled
- Interior of microwave oven had caked on food waste
- Windows in main kitchen all noted to have dirty screens and one was noted to be open to food production area

During interviews with the Food Services Manager and General Manager both confirmed that the home's furnishings and equipment are to be kept clean and sanitary. [s. 15. (2) (a)]



***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 ensuring that the home's furnishings and equipment were kept clean and sanitary, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

**Specifically failed to comply with the following:**

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

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**Findings/Faits saillants :**

1. The Licensee has failed to ensure that staff participated in the implementation of the infection prevention and control program, when the following occurred:

The home's Dietary Department sanitize resident's dishes and utensils using a low temperature dishwasher that requires 100 ppm's (parts per million) of chlorine to disinfect tableware.

The home's Dishwasher Checklist, indicates the dish washer chlorine ppm. levels will be taken and recorded daily at 13:00.

Record review for the period September 1-17, 2014, revealed the dishwasher chlorine ppm. levels had not been taken on 17 occasions, or 100% of the time.

In an interview the Food Service Manager revealed she takes dishwasher chlorine readings periodically.

During an interview the Food Service Manager confirmed her expectation that the dishwasher chlorine levels be taken and documented daily by staff on the Dishwasher Checklist to ensure that residents' tableware is properly sanitized. [s. 229. (4)]

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**Issued on this 23rd day of September, 2014**

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