

**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:** March 4, 2025

**Inspection Number:** 2025-1487-0001

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** Blue Water Rest Home

**Long Term Care Home and City:** Blue Water Rest Home, Zurich

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 24, 25, 26, 27, 2025 and March 3, 4, 2025

The inspection occurred offsite on the following date(s): February 28, 2025

The following intake(s) were inspected: Intake: #00139563 - Proactive Compliance Inspection - 2025

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

- Medication Management
- Food, Nutrition and Hydration
- Safe and Secure Home
- Quality Improvement
- Palliative Care
- Pain Management
- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Residents' and Family Councils
- Infection Prevention and Control

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Prevention of Abuse and Neglect  
Staffing, Training and Care Standards  
Residents' Rights and Choices

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Specific duties re cleanliness of shared equipment

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

**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 licensee has failed to implement specific duties related to cleanliness, ensuring shared equipment was kept clean and sanitary. Staff were observed using a mechanical lift and then did not sanitize the lift before using the lift with another resident. Failure to disinfect shared equipment between residents posed a risk of spreading potential health care-associated infections.

**Sources:** Observation policies and procedures, and interviews with PSWs and IPAC Manager.

### WRITTEN NOTIFICATION: Continuous quality improvement initiative report

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

**Non-compliance with: O. Reg. 246/22, s. 168 (1)**

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Continuous quality improvement initiative report

s. 168 (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

The licensee has failed to prepare a report on the continuous quality improvement initiative for the home. The Continuous Quality Improvement (CQI) Lead stated the quality improvement narrative and workplan for Ontario Health was completed, but not a report as required in the Fixing Long Term Care Act.

**Sources:** The Health Quality Ontario Quality Improvement (QI) Narrative and Workplan posted on the home's website, Residents' Councils meeting minutes, QI Committee meeting minutes, CQI policy and CQI Terms of Reference, and interview with the CQI Lead and Chief Executive Officer.