

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Public Report

Report Issue Date: December 20, 2024

Inspection Number: 2024-1174-0004

Inspection Type:
Proactive Compliance Inspection

Licensee: Keay Nursing Homes Inc.

Long Term Care Home and City: E. J. McQuigge Lodge, Cannifton

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 9, 10, 11, 12, 13, 16, 17, 18, 19, 2024

The inspection occurred offsite on the following date(s): December 9, 2024

The following intake(s) were inspected:

- Intake: #00133754 - PCI

The following Inspection Protocols were used during this inspection:

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Medication Management
- Residents' and Family Councils
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Quality Improvement
- Residents' Rights and Choices
- Pain Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Policies and Records

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

Non-compliance with: O. Reg. 246/22, s. 11 (1) (a)

Policies, etc., to be followed, and records

s. 11 (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, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system,
(a) is in compliance with and is implemented in accordance with all applicable requirements under the Act; and

The licensee has failed to ensure that the required program of Skin and wound care was in compliance with and was implemented in accordance with all the applicable requirements under the Act. The licensee's Wound and Skin Care Program policy indicated it was based on the 2011 Ministry of Health and Long-Term Care Standards on Skin Care.

Sources: Review of the licensee's Skin and Wound care policy, interviews with the Administrator and DOC.

WRITTEN NOTIFICATION: Nursing and Personal Support Services

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

Non-compliance with: O. Reg. 246/22, s. 35 (4)

Nursing and personal support services

s. 35 (4) The licensee shall keep a written record relating to each evaluation under

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clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee failed to ensure that a written record was kept relating to an evaluation of their staffing plan which included the date of the evaluation, the names of the persons who participated in the evaluation and a summary of the changes made, including the date that those changes were implemented.

Sources: review of documentation submitted to the Inspector by the Admin and interview with the Admin.

WRITTEN NOTIFICATION: Skin and Wound Care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee has failed to ensure that a resident, who was exhibiting altered skin integrity, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

Sources: Resident's skin and wound assessments and progress notes, and

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interviews with an RPN, and DOC.

WRITTEN NOTIFICATION: Skin and Wound Care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee has failed to ensure that a resident, who was exhibiting altered skin integrity, was reassessed at least weekly by an authorized person, as clinically indicated.

Sources: Resident's skin and wound assessments and progress notes, and interview with an RPN.

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) (a)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to

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nutritional care and dietary services and hydration;

The licensee has failed to ensure that their written policy related to nutritional care and dietary services was complied with.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that their written policy related to nutritional care and dietary services is complied with. Specifically, staff did not comply with the Production/Serving Temperatures policy and procedure, when they did not record the cold and hot food temperatures on the Production Sheet at the following moments of the dining service:

- When removed from oven
- When placed in steam table
- Beginning of service
- During service
- End of service if product is available.

Sources: Week two production sheets, Production/Serving Temperatures Policy and Procedure, interview with a FSW, and observation of a meal service.

WRITTEN NOTIFICATION: Registered dietitian

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 80 (2)

Registered dietitian

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s. 80 (2) The licensee shall ensure that a registered dietitian who is a member of the staff of the home is on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutritional care duties.

The licensee has failed to ensure the Registered Dietitian is on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutritional care duties. A registered dietitian has not attended the home on site for one month, when the contracted dietitian resigned.

Sources: Interviews with the Dietitian, and Administrator.

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

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 (CQI) initiative for the home for 2023, and publish a copy of each report on its website.

Sources: Interview with Administrator, LTCH's website, missing CQI report.