



**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  
performance du système de santé  
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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>
May 16, 2014	2014_181105_0019	L-000511- 14,L-000534 -14	Complaint

#### **Licensee/Titulaire de permis**

KINGSWAY NURSING HOMES LIMITED  
310 Queen Street East, R.R. #6, ST. MARYS, ON, N4X-1C8

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

KINGSWAY LODGE NURSING HOME  
310 QUEEN STREET EAST, R.R. #6, ST. MARYS, ON, N4X-1C8

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

JUNE OSBORN (105)

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



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

**This inspection was conducted on the following date(s): May 6, 2014**

**During the course of the inspection, the inspector(s) spoke with 2 Residents, 2 Personal Support Workers, 2 Environmental Staff, the Environmental Manager, the Director of Care, the Administrator, and the Director of Operations.**

**During the course of the inspection, the inspector(s) toured common areas, observed 3 resident rooms, inspected utility and storage areas, reviewed the staffing plan as well as staff schedules including replacement call records, reviewed Family Council Minutes, reviewed infection control policies procedures and audits, reviewed the Continence Care Program, observed continence care product supply, as well as Skin and Wound audits.**

**The following Inspection Protocols were used during this inspection:  
Infection Prevention and Control  
Sufficient Staffing**

**Findings of Non-Compliance were found during this inspection.**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services**

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

**s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).**

**Findings/Faits saillants :**



1. The licensee has not ensured that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations.

The Registered Staff schedule for April 16-May 2, 2014 indicated 6 of 21 shifts requiring Registered Nurses were scheduled to be covered by Registered Practical Nurses.

An interview with the Director of Care confirmed this schedule did not provide Registered Nurse coverage at all times which reflects the home's scheduling practice.

The Administrator confirms that Registered Practical Nurses are regularly scheduled for Registered Nurses shifts, and the Director of Care is on call when a Registered Practical Nurse is working instead of a Registered Nurse, and when the Director of Care is not available then one of the other regular Registered Nurses is on call. She further indicates agency staff is not an option the home would consider. [s. 8. (3)]

***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 at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations, to be implemented voluntarily.***

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**WN #2: 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 not ensured that all staff participate in the implementation of the infection prevention and control program.

On observation the following were noted:

a) In the 2nd Floor dirty utility room a resident's catheter bag was found to be hanging over the hopper controls with the exposed tip, no cap, close to the hopper bowl. The Registered Practical Nurse confirmed the catheter bag was in the dirty utility room and shared that the staff often hang it there to dry when they have rinsed it out.

b) In a resident room, in the shared washroom the call bell was noted to be resting on the washroom floor.

The Director of Care confirmed this finding.

c) In a resident room, in the shared washroom the following was noted: the call bell cord was resting on the floor, a soiled unlabeled bedpan was sitting on the back of the toilet, a glass inside a k-basin both smudged with a dried white substance resembling dried toothpaste, neither item labeled was set on the vanity .

The Director of Care confirmed these findings. [s. 229. (4)]

***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 all staff participate in the infection prevention and control program, to be implemented voluntarily.***

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Issued on this 16th day of May, 2014

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