

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007****Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée****Long-Term Care Operations Division  
Long-Term Care Inspections Branch****Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**Central West Service Area Office  
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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Feb 10, 2022	2022_800532_0002	001307-22	Proactive Compliance Inspection

**Licensee/Titulaire de permis**Corporation of the County of Grey  
595 9th Avenue East Owen Sound ON N4K 3E3**Long-Term Care Home/Foyer de soins de longue durée**Lee Manor Home  
875 Sixth Street East Owen Sound ON N4K 5W5**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

NUZHAT UDDIN (532), JANETM EVANS (659)

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

**The purpose of this inspection was to conduct a Proactive Compliance Inspection.**

**This inspection was conducted on the following date(s): January 26-31 and February 1-4, 2022.**

**Log # 001307-22 related to Proactive Compliance Inspection.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Assistant Director of Care (ADOC), Infection Prevention and Control (IPAC) Manager, Best Practice Coordinator, Nutrition Manager, Interim Environmental Services Manager (ESM), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Housekeeping staff, Dietary staff, Residents' Council President, Family Council President, residents and family members.**

**The inspectors also toured resident home areas, observed resident care provision, dining, medication administration, resident to staff interaction and reviewed relevant residents' clinical records and IPAC practices.**

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

**Dignity, Choice and Privacy  
Dining Observation  
Falls Prevention  
Family Council  
Infection Prevention and Control  
Medication  
Nutrition and Hydration  
Pain  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Quality Improvement  
Residents' Council  
Safe and Secure Home  
Skin and Wound Care**

During the course of this inspection, Non-Compliances were issued.

1 WN(s)  
1 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)

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>Légende</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>

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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that every window in the home that opens to the outdoors cannot be opened more than 15 centimeters (cm).

On February 2, 2022, windows that were accessible to residents and opened to the outdoors were measured by environmental service team members and found to open more than 15 cm. These windows were repaired to ensure they did not open more than 15 cm, prior to completion of the inspection.

A new admission checklist showed that building services were to ensure that windows open only 15 centimeters (cm) when each room emptied. A risk management procedure documented that the housekeeping staff would check and audit three random rooms per month related to window openings or 36 of 150 resident room windows plus any other audits completed when a resident room was vacated.

There was no documented preventative maintenance policy related to windows/window safety, provided related to ensuring all windows opening to the outdoors and accessible to residents could not be opened more than 15 cm.

Failure to ensure windows that were accessible to residents and opened to the outdoors could not be opened more than 15 cm put the resident at risk of potential harm.

Sources: observations, review of work hub for 2021, Risk Management Plan - Housekeeping & Laundry # XXIII-J-10.00-J-10.00 dated: September 2020, review of audits, new admission checklist audit, interviews with interim ESM, maintenance and housekeeping team members. [s. 16.]

***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 every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimeters, to be implemented voluntarily.***

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**Issued on this 11th day of February, 2022**

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

**Original report signed by the inspector.**