



**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  
Direction de l'amélioration 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 2, 2014	2014_217137_0022	L-000693-14	Resident Quality Inspection

### 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

MARIAN MACDONALD (137), DEIRDRE BOYLE (504), JOAN WOODLEY (172),  
SUSAN PORTEOUS (560)

## Inspection Summary/Résumé de l'inspection



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**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): August 18-22 and 26-28, 2014**

**During the course of the inspection, the inspector(s) spoke with General Manager, Director of Care, Assistant Director of Care, Director of Programs, Director of Food Services, Director of Environmental Services, Registered Dietitian, Registered Nurse, three Registered Practical Nurses, Business Office Manager, Ward Clerk, one Maintenance Worker, one Housekeeper, one Cook, two Dietary Aides, 11 Personal Support Workers/Health Care Aides, forty(+) Residents and three Family Members.**

**During the course of the inspection, the inspector(s) conducted a tour of all resident home areas and common areas, medication storage area, kitchen, observed resident care provision, resident-staff interactions, dining service, recreational activities, medication administration, reviewed relevant residents' clinical records, posting of required information, relevant policies and procedures, as well as meeting minutes pertinent to the inspection.**

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



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**Accommodation Services - Housekeeping  
Accommodation Services - Maintenance  
Continence Care and Bowel Management  
Dignity, Choice and Privacy  
Dining Observation  
Falls Prevention  
Family Council  
Food Quality  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Recreation and Social Activities  
Residents' Council  
Responsive Behaviours  
Safe and Secure Home  
Skin and Wound Care**

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



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

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

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**



Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

5. Every resident has the right to live in a safe and clean environment. 2007, c. 8, s. 3 (1).

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

11. Every resident has the right to,

i. participate fully in the development, implementation, review and revision of his or her plan of care,

ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,

iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and

iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).

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Findings/Faits saillants :



1. The licensee has failed to ensure that the following rights of residents are fully respected and promoted as evidenced by:

4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.

Observations, throughout the RQI, revealed an identified resident was not groomed and cared for in a manner consistent with his or her needs and this was confirmed by two Registered Staff members and a Personal Support Worker.

An interview with the Director of Care and General Manager revealed the the home's expectation is that residents are to be groomed and cared for in a manner consistent with his or her needs.

5. Every resident has the right to live in a safe and clean environment was fully respected and promoted.

During an interview, it was revealed a resident's bedroom floor was observed not to be clean.

An interview with the Director of Environmental Services confirmed the floor was not clean and the expectation is every resident has the right to live in a safe and clean environment. [s. 3. (1) 5.]

11.iv. Every resident has the right to have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act.

An observation revealed the electronic administration records (e-MAR) terminal was unlocked, in the hallway, while the medication cart was unattended. Personal Health Information (PHI) was readily accessible.

A Registered Staff member confirmed the e-MAR terminal was not locked and PHI was readily accessible.

An interview with a Registered Staff member and Director of Care confirmed the home's expectation is each resident's PHI should be kept confidential and not accessible. [s. 3. (1) 11. iv.]



***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 the rights of residents are fully respected and promoted, 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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.**

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**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home is a safe and secure environment for residents, specifically related to potential bed entrapment risks as evidenced by:

Observations, throughout the RQI, revealed:

(1) The mattresses slid on the bed frames and there were no corner guards in place to secure the mattresses to the bed frames, posing a potential bed entrapment risk, on 4 beds in two identified rooms.

(2) During an interview with the Director of Care, it was shared that a bed entrapment audit was completed on December 5, 2013. Resident bed entrapment audits have been initiated but there is no documented evidence that care plans have been updated to identify residents with bed entrapment risk.

(3) During a tour of the identified resident rooms, with Inspector # 137, the General Manager, Director of Care and Assistant Director of Care confirmed the mattresses do not fit the bed frames properly, there were no corner guards in place, the mattresses slid easily and are a potential bed entrapment risk.

The licensee failed 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 centimetres as evidenced by:

Observations, in an identified resident room, as well as in the small dining room, revealed the windows (6) had removable screens and could be opened beyond 15 cm (36 cm).



The General Manager was made aware and the Maintenance Worker secured approximately ten (10) windows to ensure the windows did not open beyond the legislative requirements.

The General Manager confirmed the expectation is that no window opens beyond the legislative requirements.

The licensee failed to ensure all doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff as evidenced by:

Observations, during the initial tour, revealed:

The laundry chute in the home was observed unlocked. Inspector # 172 was able to open the chute door and the chute opening was large enough for a resident to potentially fall through. The key to the chute was hanging on an expansion cord beside the chute.

A member of the registered staff attempted to lock the chute unsuccessfully and confirmed it is the home's expectation that this chute be locked at all times except when in use.

An interview with the General Manager confirmed the chute is to be locked and maintenance would be contacted.

Observations, on August 18 and 19, 2014 by Inspector #172, revealed the laundry chute door was locked. [s. 5.]

***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 the home is a safe and secure environment for residents, to be implemented voluntarily.***





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**WN #3: 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 has failed to ensure that the home, furnishings and equipment are kept clean and sanitary as evidenced by:

Dining room observations revealed:

- (a) The salt and pepper shakers, at 5/12 (42%) of dining room tables were soiled, with sticky substances.
- (b) The trays containing the salt and pepper shakers, sugar bowls and other condiments were soiled, on 12/12 (100%) of dining room tables.
- (c) Prior to lunch meal, on August 18, 2014, the lower level dining room floor was soiled with a sticky substance near one table, as well as toast and scrambled egg under two other dining room tables.

The observations were confirmed by the Director of Food Services, as well as the home's expectation is the home, 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 to ensure that the home's furnishings and equipment are kept clean and sanitary, to be implemented voluntarily.***



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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs**

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

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
    - (i) that is used exclusively for drugs and drug-related supplies,**
    - (ii) that is secure and locked,**
    - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
    - (iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).**
  - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that drugs are stored in an area or a medication cart that is secure and locked as evidenced by:

Inspectors # 172 and # 560 observed a medication cart to be unlocked and unattended.

The Registered Staff member confirmed the medication cart was unlocked and unattended and the home's expectation is that the medication cart be locked and not left unattended. [s. 129. (1) (a) (ii)]

***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 drugs are stored in an area or a medication cart that is secure and locked, to be implemented voluntarily.***

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**WN #5: 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 staff participate in the implementation of the infection prevention and control program as evidenced by:

Observations, throughout the RQI, revealed:

- (a) Bedpans, in five (5) identified resident shared washrooms, were stored behind the grab bar at the back of the toilet. ( Inspector # 137)
- (b) Unlabeled urinal, in one (1) identified resident shared washroom, was stored on the back of the toilet. ( Inspector # 137)
- (c) Unlabeled urine measuring hats, in two (2) identified resident shared washrooms, were stored on the back of the toilet. ( Inspector # 137)
- (d) One toothbrush and one tube of toothpaste, in one (1) identified resident shared washroom, were not labeled and on the bathroom sink vanity. ( Inspector # 137)
- (e) One tube of cream, in one (1) identified resident shared washroom, was not labeled and on top of the paper towel holder. ( Inspector # 137)
- (f) A silver measuring cylinder was stored on the back of the toilet, in one (1) identified resident shared washroom. The cylinder was labeled for a resident who did not reside in the room.( Inspector # 137)
- (g) An unlabeled bottle of mouth wash, in one (1) identified resident shared washroom, was on the sink counter. ( Inspector # 137)
- (h) Tub room #1 had duct tape securing the fibreglass shell in place on the tub around the taps and shower head, rusted drain, caulking missing in places. ( Inspector 172)
- (i) Floor in Hydrotherapy room is cracked along the seam - dirty and stained; the tub is stained " yellowish"; an orange wood stick was sitting on edge of sink; a wet towel was on the floor, with the tub brush and "terry cloth" lying wet on top of it. (Inspector 172)
- (j) The inside and outside of the fridge, in the main kitchen, was soiled with sticky substances, the hand washing sink was visibly soiled, the caulking around the sink was broken and soiled, and the taps had a brownish slimy substance at the base and inside the clear plastic tap handles.
- (k) The tops of the lower level dining room tables have paper table numbers attached to them with tape. The tape is peeling and soiled on 5 out of 12 (42%) tables.
- (l) The outer area of the crock pot/soup tureen was visibly soiled with caked on food



substances.

(m) The fridge in the servery, adjacent to the lower level dining room, was visibly soiled on the handle with a brown sticky substance, the inside of the fridge was soiled with a sticky pink substance and a hardened white substance. Fluids and food are stored in the fridge.

(n) The Dishwasher checklist had 2 temperature recordings missing and 10 missing recordings of ensuring enough chemicals, between August 1 and 25, 2014.

Interviews with the Director of Care, Director of Environmental Services, Director of Food Services and the General Manager confirmed the identified deficiencies, as well as the expectation of the home is all staff participate in the implementation of the infection prevention and control program. [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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.***

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 17.  
Communication and response system**



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

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
  - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
  - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
  - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
  - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
  - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
  - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**
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**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home is equipped with a resident-staff communication and response system that (a) can be easily seen, accessed and used by residents, staff and visitors as evidenced by:

During observations and interviews, the call bell for an identified resident, was not accessible.

A Registered Staff member confirmed the call bell was not accessible.

The Director of Care confirmed the home's expectation is the call bells be easily accessible to residents at all times. [s. 17. (1) (a)]

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**WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey**

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

- s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).**
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**Findings/Faits saillants :**



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1. The licensee has failed to ensure that the home seeks the advice of the Residents' Council in developing and carrying out the satisfaction survey, and in acting on its results as evidenced by:

An interview with the General Manager revealed the survey is developed at a Corporate level and confirmed the home does not seek the advice of the Residents' Council in developing and carrying out the satisfaction survey, and in acting on its results. [s. 85. (3)]

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**Issued on this 2nd day of September, 2014**

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