



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
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Date(s) of Inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
December 2, 2010	2010-145-933-02111749 2010-135-933-29Nov140402	Complaint L-01745

Licensee/Titulaire
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 St. E. Hensall, ON N0M 1X0

Name of Inspector(s)/Nom de l'inspecteur(s)
Karin Mussart #145 Bonnie MacDonald #135

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection relating to provision of hot water and food shortages in the home.
During the inspection, the inspectors spoke with: Administrator, Food Service Manager, registered and non registered nursing staff, dietary aides, residents and families.

During the course of the inspection, the inspectors: Viewed the replaced water heaters; Reviewed the water temperature log sheets both source and for resident accessible areas; Took water temperatures in resident rooms; Reviewed maintenance policy and procedures, specifically Maintenance of Equipment #B-17; Fire and Disaster Manual; and preventive maintenance schedule #B-26 relating to boiler maintenance.
The Dietary Inspector observed lunch, dinner and snack services in the two home areas, Dec. 1, 2010. Reviewed with FSM Food Quality protocols related to food production and reviewed documentation of 3, Resident Food Committee meeting minutes.
The following Inspection Protocols were used in part or in whole during this inspection:
Accommodation Services-Maintenance
Food Quality
Dining Observations
Snack Observations

Findings of Non-Compliance were found during this inspection. The following action was taken:
WN=1
VPC=1



NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avs écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régleur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with O.Reg. 79/10, s. 73(1)10 Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

Findings:

1. Lunch service Dec.1, 2010 in unit dining room, one staff member stood to feed high risk resident.
2. Pm. snack service Dec.1, 2010, two staff members stood to feed 3 residents.

Inspector ID #: 135

Additional Required Actions: 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, by ensuring that all residents requiring assistance with eating are positioned safely for meal and snack service, to be implemented voluntarily.

Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division
representative/Signature du (de la) représentant(e) de la Division de la
responsabilisation et de la performance du système de santé.

 **Bonnie MacDonald** December 3, 2010

Title: _____ **Date:** _____

Date of Report: (if different from date(s) of inspection).