

**Ministry of Long-Term Care**

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

**London District**

130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

## Public Report

**Report Issue Date:** February 14, 2025

**Inspection Number:** 2025-1009-0001

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** CVH (No. 8) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.)

**Long Term Care Home and City:** Queensway Long Term Care Home, Hensall

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 30, 31, 2025 and February 3, 4, 5, 6, 7, 10, 11, 12, 14, 2025

The inspection occurred offsite on the following date(s): February 14, 2025

The following intake(s) were inspected:

- Intake: #00138355 - Proactive Compliance Inspection - 2025

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

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

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Residents' Rights and Choices  
Pain Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Right to quality care and self-determination

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

**Non-compliance with: FLTCA, 2021, s. 3 (1) 19. iv.**

Residents' Bill of Rights

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

19. Every resident has the right to,

iv. have their 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 their records of personal health information, including their plan of care, in accordance with that Act.

The licensee failed to ensure that the residents' personal health information (PHI) was kept confidential.

A computer screen was left unattended, and it displayed the residents' medications and PHI. A Registered Practical Nurse (RPN) acknowledged that the screen showing the resident's medications and PHI should be locked when it was not being attended by the RPN. Multiple residents and other staff members were using the hallway next to the unlocked screen and could have accessed the residents information.

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**Sources:** Observation on the B unit; Interview with staff.

## WRITTEN NOTIFICATION: Plan of Care

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

**Non-compliance with: FLTCA, 2021, s. 6 (7)**

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that care was provided to a resident as specified in the plan of care.

A resident refused care and assessment for their pressure ulcer. Staff did not re-approach the resident or allow them to set the time for their care, as specified in their care plan. As a result, the resident did not receive the required assessment and care.

Failure to follow the care plan when resident refused care, lead to missed wound assessments and dressing changes as required for treatment.

**Sources:** Record review of care plan, assessments, progress notes and orders for a resident , Interview with acting Director of Care and staff.

## WRITTEN NOTIFICATION: Air temperature

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

**Non-compliance with: O. Reg. 246/22, s. 24 (2) 1.**

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature

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is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home.

The licensee has failed to ensure that air temperatures measured under subsection (2) were documented for two resident bedrooms in different parts of the home for the months of November and December 2024, and January 2025.

The Environmental Services Consultant (ESC) confirmed that registered staff were responsible for measuring and for documenting air temperatures for residents' bedrooms. However, temperatures document did not indicate residents' bedrooms were being monitored.

**Sources:** Interview with ESC and air temperature logs for November and December 2024 and January 2025

## WRITTEN NOTIFICATION: General Requirements for Programs

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

**Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.**

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 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.

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The licensee failed to ensure that a written record of the home's pain management program included a summary of changes made and the date those changes were implemented.

Sources: Review of the home's pain evaluation program records and interview with the pain management lead and acting Director of Care.

**WRITTEN NOTIFICATION: Nursing and personal support services**

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 35 (2)**

Nursing and personal support services

s. 35 (2) Every licensee of a long-term care home shall ensure that there is a written staffing plan for the programs referred to in clauses (1) (a) and (b).

The licensee has failed to ensure that there was a written staffing plan for the organized program of nursing services and the organized program of personal support services.

**Sources:** Interview with the Executive Director and the acting Director of Care and review of the home's staffing contingency plan.

**WRITTEN NOTIFICATION: Nursing and personal support services**

NC #006 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 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

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those changes were implemented.

The licensee has failed to ensure that a written record of the home's 2024 staffing plan evaluation included the date of the evaluation, or a summary of changes made and the date those changes were implemented.

**Sources:** Interview with the Executive Director and the acting Director of Care, and review of the home's staffing evaluation

## WRITTEN NOTIFICATION: Skin and Wound

NC #007 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 failed to ensure a resident was reassessed weekly for alter skin integrity.

A resident had a known skin issue. They had an order for re-assessment and photos to be completed on a specific day of the week weekly. The home's Wound Management policy indicated weekly assessments were to be completed.

An interview with acting Director of Care (DOC), confirmed weekly skin assessments were not done on the required dates. An interview the resident with confirmed that the skin issue was ongoing.

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Failure to ensure weekly skin and wound assessments were completed as required could have had a potential negative impact on the resident relating to a delay in treatment.

**Sources:** Skin and Wound assessments in Point Click Care (PCC) , Progress notes for resident, interview with acting DOC, Wound Management Policy Revised August 2024.

## **WRITTEN NOTIFICATION: Continuous Quality Improvement Committee**

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 166 (2) 5.**

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

5. The home's registered dietitian.

The licensee has failed to ensure that the continuous quality improvement (CQI) committee included the home's registered dietitian.

In an interview with the CQI Lead reported, the registered Dietitian does not attend the CQI meetings as this position is only 1 day per week and the individual currently worked in the home one day a week. The CQI meetings are held on Wednesday. Input from all required persons was not obtained when developing quality improvement initiatives in the home, when there wasn't a quality improvement committee with the required membership.

Failure to include the Registered Dietitian on the Continuous Quality Improvement

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committee may pose a low risk of the committee not having the complete interdisciplinary/multi-disciplinary lens of the programs reviewed.

**Sources:** CQI minutes, CQI annual report dated 2023, Interview with Executive Director, Interview with CQI Lead.

## **WRITTEN NOTIFICATION: Continuous Quality Improvement (CQI) committee**

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.**

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.

The licensee has failed to ensure the continuous quality improvement (CQI) committee included at least one employee of the licensee who has been hired as a personal support worker (PSW).

There is no personal support worker listed in minutes provided or on list of member on the CQI annual report. During interview with CQI Lead, they reported there are often no PSWs that are employees of the licensee on the days of meetings as they often have agency staff working to meet the care needs of the residents. The continuous quality improvement committee did not include a personal support worker.

**Sources:** Interview with CQI Lead, Minutes from October 2024, and Annual report



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2023.

## WRITTEN NOTIFICATION: Quality Improvement Report

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 271 (1) (e)**

Website

s. 271 (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,  
(e) the current report required under subsection 168 (1);

The licensee failed to ensure the Continuous Quality Improvement (CQI) report including the written record of resident and family satisfaction survey as per O. Reg 246/22 r. 168 (2) 5. was published on its public website.

A review of the public website for Queensway LTC home on February 7, 11, and 12th, 2025. Ontario Regulation r. 271 (1) (e), state the licensee is required to ensure they have a website that is open to the public and at minimum, , the current CQI initiative report with all components listed in r. 168 (2).

A review of the LTC website, that was open to the public revealed and QIP workplan but not a report including the results of the resident and family satisfaction survey.

**Sources :** Queensway LTC Home website, accessed February 7,11 and 12, 2025.  
Interview with CQI Lead and Executive Director.