

**Ministry of Health  
and Long-Term Care**

Health System Accountability and  
Performance Division  
Performance Improvement and Compliance Branch  
Ottawa Service Area Office

347 Preston St., 4<sup>th</sup> Floor  
Ottawa ON K1S 3J4  
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**Ministère de la Santé  
et des Soins de longue durée**

Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la performance  
et de la conformité  
Bureau régional de services de Ottawa

347, rue Preston, 4<sup>ième</sup> étage  
Ottawa ON K1S 3J4  
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December 2, 2011

Ms. Amy Porteous  
Administrator  
Residence Saint-Louis  
879 Chemin Parc Hiawatha  
Ottawa ON K0C 2Z6

Dear Ms. Porteous:

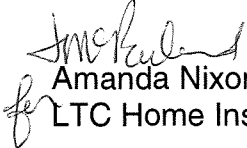
**REVISED REPORT**

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted on May 11, 12, 25 and 27, 2011 under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the ***Inspection Report-Public Copy*** must be made available without charge upon request. The report will also be on file with the Ottawa Service Area Office, Performance Improvement and Compliance Branch.

Sincerely

  
Amanda Nixon  
LTC Home Inspector – Dietary

- c President, Resident's Council  
President, Family Council



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Public Copy/Copie du public

| Date(s) of inspection/Date(s) de l'inspection | Inspection No/ No de l'inspection | Type of Inspection/Genre d'inspection |
|-----------------------------------------------|-----------------------------------|---------------------------------------|
| May 11, 12, 25, 27, 2011                      | 2011_042148_0002                  | Critical Incident                     |

Licensee/Titulaire de permis

BRUYERE CONTINUING CARE INC.

43 BRUYERE STREET, OTTAWA, ON, K1N-5C8

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

RESIDENCE SAINT- LOUIS

879 CHEMIN PARC HIAWATHA, OTTAWA, ON, K1C-2Z6

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

AMANDA NIXON (148)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with the Director of Programs, Senior Director of Planning and Residential Programs and Director of Care. Also spoke with Personal Support Workers, the day shift Registered Practical Nurse responsible for care May 10 and 11, 2011 on 3C and residents residing on unit 1C.

During the course of the inspection, the inspector(s) reviewed resident health care records, the Positioning Schedule for an identified resident, reviewed the Abuse, Neglect and Discrimination Against Patients, Residents or Visitors policy, the Falls Prevention policy, the Protocol for the Promotion of Urinary Continence, Corporate Balanced Scorecard 2008-2009, the General Orientation Program for new employees and the home's investigation notes of the critical incidents.

The following Inspection Protocols were used in part or in whole during this inspection:

Continence Care and Bowel Management

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

| Definitions                                                                                                                                                                                                                                                             | Définitions                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order                                                                                                                     | WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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.) | 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. |
| The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.                                                                                                                                                         | 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 O.Reg 79/10, s. 96. Policy to promote zero tolerance**

Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,

- (a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;
- (b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;
- (c) identifies measures and strategies to prevent abuse and neglect;
- (d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and
- (e) identifies the training and retraining requirements for all staff, including,
  - (i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and
  - (ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.

**Findings/Faits sayants :**

1. The policy titled Abuse, Neglect and Discrimination Against Patients, Residents or Visitors, Policy Number SCO/CLIN Care 32, does not identify the training and retraining requirements for all staff, including training on the power imbalances between staff and residents.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 99. Evaluation**

Every licensee of a long-term care home shall ensure,

- (a) that an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it;
- (b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences;
- (c) that the results of the analysis undertaken under clause (a) are considered in the evaluation;
- (d) that the changes and improvements under clause (b) are promptly implemented; and
- (e) that a written record of everything provided for in clauses (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared. O. Reg. 79/10, s. 99.

**Findings/Faits sayants :**



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1. Interview on May 12, 2011 with Carl Balcom, Program Director, stated that home's abuse and neglect policy is evaluated every 4 years. The home could not provide an evaluation of the abuse and neglect policy, as per LTCHA S.O 2007, c.8, s. 99.

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**

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

s. 50. (2) Every licensee of a long-term care home shall ensure that,

- (a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
  - (i) within 24 hours of the resident's admission,
  - (ii) upon any return of the resident from hospital, and
  - (iii) upon any return of the resident from an absence of greater than 24 hours;
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
  - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
  - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
  - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
  - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;
- (c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and
- (d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

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**Findings/Faits saignants :**

1. The plan of care for an identified resident indicates that he/she is total assist for bed mobility and that staff are to turn and reposition every 2 hours when in bed. The resident has a stage IV coccyx ulcer and the need to reposition has been noted in the wound assessments by the wound care nurse.
2. Interview with the identified resident on May 11, 2011, stated that the staff do not provide repositioning every 2 hours while he/she is in bed. The resident stated that he/she is put to bed between 7:00pm and 7:15pm each night but that staff do not provide repositioning until 1030pm-1100pm.
3. The home maintains documentation posted in the identified resident's room, instructing staff to check off when the resident is repositioned. Documentation for May 6-10th, 2011 were reviewed and the following was confirmed:
  - resident was not provided repositioning until 1200am on May 6th
  - resident was not provided repositioning the night of May 7th
  - resident was not provided repositioning between the hours of 9:20pm May 8th and 9:00am on May 9th
  - resident was not provided repositioning the night of May 9th.

**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 plan of care intervention for the repositioning of [REDACTED] is implemented,, to be implemented voluntarily.*

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**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**



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Specifically failed to comply with the following subsections:

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

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
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.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
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.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
  - i. the Residents' Council,
  - ii. the Family Council,
  - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
  - iv. staff members,
  - v. government officials,
  - vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.
22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.



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23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

**Findings/Faits sayants :**

1. An identified resident reported neglect to the home's management in October 2010, related to two staff members, where the call bell was taken away and not accessible to the resident.

The home conducted an investigation of the incident and determined that neglect of the resident had occurred, both staff members were disciplined as a result.

An identified resident reported neglect to the home's management in October 2010, related to a staff member who refused to toilet him/her because the staff member was going on break.

The home conducted an investigation of the incident and determined that neglect of the resident had occurred, the staff member was disciplined as a result.

Issued on this 27th day of May, 2011

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

*Amanda Nix RD LTCH Inspector*