Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Ottawa District
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Original Public Report

Report Issue Date: August 27, 2024
Inspection Number: 2024-1301-0006
Inspection Type: Complaint Critical Incident Follow up
Licensee: The Glebe Centre Incorporated
Long Term Care Home and City: Glebe Centre, Ottawa

INSPECTION SUMMARY

The inspection occurred onsite on August 21-23 and August 26, 27, 2024.

The following intake(s) were inspected:
Intake: #00114733 Complaint regarding care and services of a resident.
Intake: #00117908 Complaint regarding a resident's bill of rights.
Intake: #00119173 - Follow-up #: 1 - O. Reg. 246/22 - s. 102 (2) (b) regarding Infection, Prevention and Control (IPAC).
Intake: #00121157 Regarding an allegation of resident to resident physical abuse.
Intake: #00122061 Regarding an incident of a missing resident with injury.
Intake: #00122751 Regarding an incident when a resident was taken to hospital and returned with a change in condition.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2024-1301-0003 related to O. Reg. 246 / 22, s. 102 (2) (b) was inspected and found to be in compliance.

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Responsive Behaviours
Residents' Rights and Choices
Reporting and Complaints
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Required Programs

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 53 (1) 1.
Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee has failed to comply with the home's Fall Prevention and Management Policy in that a specified procedure was not completed as per protocol on two occasions for a resident who had an unwitnessed fall.

In accordance with O. reg. 246 / 22 s.11 (1) (b), the licensee is required to ensure that the Fall Prevention Programs policies and procedures are complied.

Specifically, a Registered Nurse (RN) did not comply with the "Fall Prevention and Management Policy, #8.30.00, reviewed August 2024, B. Fall and Post Fall Assessment and Management, Registered Staff.

Sources: Interview with an RN, review of resident health care records and the Fall Prevention and Management Policy.

WRITTEN NOTIFICATION: Reports re critical incidents

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 115 (1) 4.
Reports re critical incidents
s. 115 (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each

of the following incidents in the home, followed by the report required under subsection (5):
4. Any missing resident who returns to the home with an injury or any adverse change in condition regardless of the length of time the resident was missing.

The licensee has failed to ensure that the Director was immediately notified when a resident who was missing, returned to the home with an injury on a specified date and the Director was not immediately notified.

Sources: Critical Incident Report (CIR), the resident health care record and an interview with the Director of Care (DOC).