

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Public Report

Report Issue Date: January 17, 2025

Inspection Number: 2024-1301-0007

Inspection Type:
Proactive Compliance Inspection

Licensee: The Glebe Centre Incorporated

Long Term Care Home and City: Glebe Centre, Ottawa

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 7, 8, 12, 13, 14, 15, 18, 19, 20, 21, 22, 25, and 26, 2024.

The following intake(s) were inspected:

- Intake: #00131390 - Proactive Compliance Inspection

The following Inspection Protocols were used during this inspection:

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

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Pain Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was remedied by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 3 (1) 17.

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:

17. Every resident has the right to be told both who is responsible for and who is providing the resident's direct care.

The licensee has failed to comply with ensuring every resident has the right to be told who is responsible for and who is providing resident direct care.

In accordance with O Reg. 246/22 11(1) b the licensee is required to comply with their written policy related to staff wearing name tags as staff did not comply with the licensee's Dress Policy, which indicated a name tag must be always worn and visible.

Specifically, on a day in November 2024, observations were made by the inspector of staff not wearing name tags during the residents' meal service.

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Sources: Inspector's observations, review of the licensee's Dress Policy, and interview with the Executive Director (ED).

On a next day in November 2024, the inspector observed that were wearing name tags.

Date Remedy Implemented: November 13, 2024

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 85 (3) (c)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;

The licensee failed to ensure information, which is required by the Act, was posted in the long-term care home, specifically the policy to promote zero tolerance of abuse and neglect of residents.

Pursuant to FLTCA, 2021, s. 85 (1), Every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirement.

Sources: Observations and an interview with the Executive Director

On a day in November 2024, the inspector observed that the policy to promote zero tolerance of abuse and neglect of residents was posted.

Date Remedy Implemented: November 8, 2024

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)

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Non-compliance with: FLTCA, 2021, s. 85 (3) (r)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(r) an explanation of the protections afforded under section 30; and

The licensee failed to ensure information, which is required by the Act, was posted in the long-term care home, specifically the policy regarding explanation of whistle-blowing protection.

Pursuant to FLTCA, 2021, s. 85 (1), Every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirement.

Sources: Observations, and an interview with the Executive Director

On a day in November 2024, the inspector observed that the policy regarding explanation of whistle-blowing protection was posted.

Date Remedy Implemented: November 8, 2024

NC #004 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.

Posting of information

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:
10. The current version of the visitor policy made under section 267.

The licensee failed to ensure information, which is required by the Act, was posted in the long-term care home, specifically the visitor policy made under section 267.

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Pursuant to FLTCA, 2021, s. 85 (1), Every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirement.

Sources: Observations, and an interview with the Executive Director

On a day in November 2024, the inspector observed that the current version of the visitor policy was posted.

Date Remedy Implemented: November 8, 2024

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (1) (a)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident;

The licensee has failed to ensure that there is a written plan of care for a resident that sets out the planned care for the resident. Specifically, the resident's written plan of care did not include written interventions and strategies to manage their pain.

Sources: The resident's health care records and interview with the Nursing Program Coordinator.

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WRITTEN NOTIFICATION: Doors in a home

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. 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.

The licensee has failed to ensure that 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.

On a day in November 2024, Inspector found that the door to the housekeeping room in a specified home area and the door to the soiled utility room in a specified area were not locked.

Sources: Observation, Interviews with the Director of Environmental Services, housekeeping staff and Personal Support Workers.

WRITTEN NOTIFICATION: Windows

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 19

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the

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home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

The licensee has failed to ensure that the window in a resident's room in a specified home area that opened to the outdoors and was accessible to residents, could not be opened more than 15 centimeters.

Source: Observations by inspector and the Director of Environmental Services and interview with the Director of Environmental Services.

WRITTEN NOTIFICATION: General requirements

NC #008 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.

A. The licensee has failed to ensure, that upon completion of the annual pain program evaluation, the written record that was kept included the date of the evaluation and the date that the changes made to the program were implemented.

Source: The Glebe Center Program Evaluation, Pain Management and interview with the Nursing Program Coordinator (NPC).

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B. The licensee has failed to ensure that upon completion of the annual skin and wound care program evaluation, the written record that was kept, included the date of the evaluation and the date that the changes made to the program were implemented.

Source: The Glebe Center Inc. Program Evaluation, Skin and Wound Care and interview with the Nursing Program Coordinator (NPC).

WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to implement the IPAC Standard issued by the Director with respect to infection prevention and control (IPAC) annual retraining was provided to staff specifically related to

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- (a) hand hygiene;
- (b) modes of infection transmission;
- (c) signs and symptoms of infectious diseases;
- (d) respiratory etiquette;
- (e) what to do if experiencing symptoms of infectious disease;
- (f) cleaning and disinfection practices;
- (g) use of personal protective equipment including appropriate donning and doffing;
and
- (h) handling and disposing of biological and clinical waste including used personal protective equipment.

As per FLTCA, 2021, s. 82 (1) and (4) all staff are to have retraining in the area of Infection Prevention and Control (IPAC). As per O. Reg. 246/22, s. 259 (2), the IPAC training and retraining is to include the eight IPAC topics listed above.

Specifically, the licensee has failed to ensure that the IPAC lead tracks the completion of all IPAC training for a Personal Support Worker (PSW) and a Registered Nurse (RN) ; as is required by additional requirements 7.3 under the IPAC standard.

The IPAC lead could not demonstrate that IPAC training in the current training tracking process in the surge learning and in-services for the PSW and an RN. The Inservice records and the Surge education status report from 2023 until a day in November, 2024, did not include training for the PSW specific to mode of transmission, respiratory etiquette, and handling and disposing of biological and clinical waste including used personal protective equipment.

The Inservice records and the Surge education status report from 2023 until a day in November 2024, did not include training for an RN, specific to mode of transmission, signs and symptoms of infectious diseases; respiratory etiquette; what to do if experiencing symptoms of infectious disease; and handling and disposing of

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biological and clinical waste including used personal protective equipment.

Sources: A review of the IPAC training track for the PSW and an RN and interviews with the IPAC Manager, the Manager Environmental Services, the PSW and an RN.

WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

The licensee has failed to ensure that, on every shift, symptoms of infection were monitored and recorded for a resident when they were experienced symptoms and were in isolation. A review of clinical records for symptomatic resident confirmed that documentation of symptom monitoring for the period of time in November 2024 showed missing entries for symptom recording for several shifts.

Sources: The resident health care records and interviews with the IPAC manager and the registered staff.

WRITTEN NOTIFICATION: Safe storage of drugs

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NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 138 (1) (b)

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,
(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.

The licensee has failed to ensure that controlled substances were stored in a
separate locked area within the locked medication cart.

On a day in November 2024, the inspector observed that the controlled drugs were
stored in a narcotic bin within a medication cart. However, it was observed that the
narcotic bin contained controlled substances, and the medication cart was not
locked on the specified home area.

Sources: Observation and interviews with the Director of Care (DOC) and the
Registered Practical Nurse.

WRITTEN NOTIFICATION: Security of drug supply

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 139 1.

Security of drug supply

s. 139. Every licensee of a long-term care home shall ensure that steps are taken to
ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.

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The licensee has failed to ensure that all areas where drugs are stored were kept locked at all times, when not in use. On a day in November 2024, Inspector observed that the medication room door on the specified home area was propped open without registered staff present. Residents were observed in the area near the medication room.

Sources: Observations and interviews with the Director of Care (DOC), and an RPN.

WRITTEN NOTIFICATION: Drug destruction and disposal

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 148 (2) 3.

Drug destruction and disposal

s. 148 (2) The drug destruction and disposal policy must also provide for the following:

3. That drugs are destroyed and disposed of in a safe and environmentally appropriate manner in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The licensee has failed to ensure that controlled substances were destroyed and disposed of in an environmentally appropriate manner in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. During interviews with Registered Practical nurses (RPNs), they indicated that they poured the medication in the sink and discarded the ampules and vials in the sharp container.

Sources: Observation of medication room, Interviews with the Director of Care (DOC) and Registered Practical Nurses (RPNs),