

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: December 30, 2025
Inspection Number: 2025-1301-0010
Inspection Type: Complaint Critical Incident
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): December 18, 19, 22, 23, 2025

The inspection occurred offsite on the following date(s): December 24, 29, 2025

The following intake(s) were inspected:

- Intake: #00158477 was regarding an outbreak declared in the home.
- Intake: #00163646 was a complaint regarding a medication incident and care and services to a resident.

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

- Food, Nutrition and Hydration
- Medication Management
- Infection Prevention and Control

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Complaints procedure — licensee

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

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The Director of Care (DOC) received a written complaint on a specified date, regarding an allegation of staff to resident neglect involving a resident. This written complaint was not reported to the Director via the Critical Incident System (CIS) to date.

Sources: Record review of CIS, the home's current Complaint Policy and Procedure; interview with the DOC.

WRITTEN NOTIFICATION: Medication incidents and adverse drug reactions

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

Non-compliance with: O. Reg. 246/22, s. 147 (1) (a)

Medication incidents and adverse drug reactions

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s. 147 (1) Every licensee of a long-term care home shall ensure that every medication incident involving a resident, every adverse drug reaction, every use of glucagon, every incident of severe hypoglycemia and every incident of unresponsive hypoglycemia involving a resident is,

(a) documented, together with a record of the immediate actions taken to assess and maintain the resident's health.

A resident had a medication incident on a specified date, that was not documented in the home's Medication Incident Reporting System (MIRS). The home's pharmacy policy indicated all medication incidents are to be documented in their MIRS to record what immediate review, analysis and corrective actions that were taken.

Sources: Review of the pharmacy medication administration policy and procedure manual revised October 2025; interview with the DOC.

COMPLIANCE ORDER CO #001 CMOH and MOH

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 272

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

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1. Develop and implement written procedures for housekeeping staff to prioritize high touch surface cleaning and disinfection, including when they are required to cover other home areas;
2. Provide training to all housekeeping staff on the procedures developed in step #1;
3. Conduct twice weekly audits that include observations and interviews with housekeeping staff to ensure the procedures are implemented and these procedures function within their daily tasks;
4. Document all of the actions above over a four week period.

Grounds

Enhanced environmental cleaning and disinfection of common areas are required to be cleaned and disinfected at a minimum twice daily for high touch surfaces that included door handles/knobs, light switches, and handrails, phones, elevator buttons, etc. during a suspected and confirmed outbreak.

On a specified date, a resident home area was in an outbreak. A housekeeping staff (HSKP) reported they did not have time to perform cleaning and disinfection of high touch surfaces in resident bedrooms for a second time. They further indicated they would not have time to complete the high touch surface cleaning in the resident hallways at all as they were responsible for two home areas that day.

On this same date, another home area was in an outbreak. Another HSKP indicated they did the high touch surface cleaning and disinfection for one home area, but they did not have time to do this for the outbreak home area. This HSKP indicated their processes did not change when there is outbreaks, when caring for two home

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areas on the same day.

On another date, a new home area was just declared in an outbreak. A Third HSKP indicated high touch surfaces cleaning is not done twice a day when they are responsible for two home areas. This HSKP is usually responsible for a specified home area. They were also responsible for the home area recently added to the outbreak, as they are required to complete two home areas that day. They indicated they do not have time to perform high touch surface cleaning as required with all their tasks in a day and this was reported to their manager.

The Manager of Support Services indicated they were aware of ongoing challenges in the home for housekeeping staffing levels requiring housekeeping staff to cover two home areas at least two to three times a week. This staffing level did not change during outbreaks. The Manager of Support Services further indicated they lacked written procedures to prioritize tasks when housekeeping staff are required to cover two home areas during an outbreak, including prioritization of high touch surfaces cleaning and disinfection as per their current Outbreak Management policy.

Sources: Interviews with housekeeping staff members, the Manager of Support Services, the Infection Prevention and Control (IPAC) Manager; and review of the Outbreak Management policy.

This order must be complied with by February 10, 2026

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

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e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:



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

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.