

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

Original Public Report

Report Issue Date: September 17, 2024

Inspection Number: 2024-1371-0004

Inspection Type:
Proactive Compliance Inspection

Licensee: Santé Montfort

Long Term Care Home and City: Montfort, Ottawa

INSPECTION SUMMARY

The inspection occurred onsite on September 4-6, 9-13, 16, 2024.

The following intake was inspected:

- Intake: #00125767 is related to a Proactive Compliance Inspection (PCI) at the Sante Montfort Long-Term Care home.

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services
Skin and Wound Prevention and Management
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: Plan of Care

NC #001 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.

1.The licensee has failed to ensure that a specified fluid consistency set out in the plan of care was provided to a resident during a meal service, as specified in their plan.

Sources: Review of this resident's plan of care, an inspector's observation, and an interview with the Food Service Supervisor (FSS).

2.The licensee has failed to ensure that the care set out in the plan of care was provided to another resident during a specified shift time as specified in their plan.

This resident's plan of care showed that the resident is dependent on staff for bed mobility and repositioning at a specified frequency when in bed.

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Sources: Review of this resident's plan of care, Document Survey Report (DSR) and interview with this resident.

WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

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,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee has failed to ensure that a specified resident exhibiting a number of altered skin integrity wounds, receive skin assessments for each wound using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.

Sources: Review of this resident's health care records, interviews with the Skin and Wound care lead, Regional Manager for Extendicare, Director of Care and a Registered Nursing staff.

WRITTEN NOTIFICATION: Continence Care

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (g)

Continence care and bowel management

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s. 56 (2) Every licensee of a long-term care home shall ensure that,
(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

The licensee has failed to ensure that a resident who required continence care products have sufficient changes to remain clean, dry and comfortable. This resident required a specified type of continence care product that was not maintained as required for a specified period.

Sources: The inspector's observation, this resident's progress notes and plan of care and then interviews with this resident and nursing staff.

WRITTEN NOTIFICATION: Continence Care

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (h) (iii)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,
(h) residents are provided with a range of continence care products that,
(iii) promote resident comfort, ease of use, dignity and good skin integrity,

The licensee has failed to ensure that a resident was provided with a range of continence care products that promote the resident's comfort and dignity. The resident had raised concerns about their fit with this continence care product provided to them and requested a change on two separate occasions in the last year and a half. At the time of this inspection, this resident stated that the continence care product provided had not changed and they remain uncomfortable during

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specified periods each day.

Sources: Review of this resident's care plan, progress notes, and Incontinence Product Change Request Forms, and then interviews with the resident, a PSW and the Executive Director (ED).

WRITTEN NOTIFICATION: Pain management

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

Non-compliance with: O. Reg. 246/22, s. 57 (2)

Pain management

s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The licensee has failed to ensure that a resident was assessed using their pain assessment instrument when this resident's pain and discomfort during a specified intervention was not relieved by initial assessments.

Sources: Interviews with this resident and nursing staff and review of resident health care records including initial interventions to their initial complaint.