

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: November 20, 2023	
Inspection Number: 2023-1198-0004	
Inspection Type:	
Proactive Compliance Inspection	
Licensee: Arnprior Regional Health	
Long Term Care Home and City: The Grove Nursing Home, Arnprior	
Lead Inspector	Inspector Digital Signature
Marko Punzalan (742406)	
Additional Inspector(s)	
Pamela Finnikin (720492)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 31, 2023 and November 1-3, 6-8, 2023.

The following intake(s) were inspected:

• Intake: #00100456 - Proactive Compliance Inspection (PCI)

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

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



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Pain Management Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience Survey - Advice

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

Non-compliance with: FLTCA, 2021, s. 43 (4)

The licensee has failed to seek the advice of the Residents' and Family Councils for the previous fiscal year's Resident and Family/Caregiver Experience Survey and an action report given based on the results.

Rationale and Summary:

A survey of the residents, their families and caregivers was completed in January 2023 for the home's previous fiscal year.

Interviews with residents indicated that no input from the Residents' Council was provided for the previous fiscal year's survey, and no action report based on the results of the survey was provided to the Residents' Council.

In an interview with family member, they did not recall the licensee seeking the advice of the council in carrying out the previous fiscal year's survey or acting on its results.

Interviews with the Interim Administrator and DOC stated that the Family and Residents' Councils advice was not sought in carrying out the previous fiscal year's survey and acting on its results.

Failure to involve the Residents' or Family Councils' advice in carrying out the previous fiscal year's survey and acting on its results was a missed opportunity for them to provide feedback or share input on the survey.

Sources: The previous fiscal year's Resident and Family/Caregiver Experience Survey and interviews with residents, family council members, the Interim Administrator, the DOC and others.



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WRITTEN NOTIFICATION: Powers of Residents' Council - Duty to respond

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

Non-compliance with: FLTCA, 2021, s. 63 (3)

The licensee has failed to respond in writing within ten days of receiving the advice to the Residents' Council when they raised concerns or recommendations under s. 63 (1) 6 of the FLTCA, 2021 related to the operation of the home.

Rationale and Summary

A review of the Resident Council meeting minutes for October 2023 included concerns that when residents speak up, nothing ever changes.

The Residents' Council Assistant indicated that they attended the October meeting and confirmed that they did not respond in writing within ten days of receiving the advice to the concerns brought forward by the council.

Food for Thought meeting minutes were reviewed for August, September and October 2023 and the Resident Council attendees expressed several nutrition concerns as well as general recommendations.

The Food Services Supervisor stated that some questions are answered in the meeting, or discussed at the next Resident Council Meeting, but that the Resident's Council is not responded to in writing within ten days of receiving the advice.

By failing to respond in writing to concerns brought forward by the Resident Council, there was a risk that concerns might not be addressed or resolved.

Sources: Review of Resident Council meeting minutes including Food for Thought meeting minutes and interviews with staff member, Food Services Supervisor and others.

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WRITTEN NOTIFICATION: Duty of licensee to consult Councils

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



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Non-compliance with: FLTCA, 2021, s. 73

The licensee has failed to consult regularly with the Residents' Council, and with the Family Council, at least every three months.

Review of the Residents' Council meeting minutes for August, September and October 2023 and the Family and Friends Council meeting minutes for July and September 2023 indicated that the Administrator and Director of Care (DOC) were not in attendance.

Interviews with the Residents' Council President and Family and Friends Council Chair confirmed that the Administrator and DOC were not in attendance every three months in 2022 and 2023.

The DOC confirmed that neither they nor the Administrator attended the Residents' Council Meetings in July, August or September 2023, and did not attend the Family Council Meetings in July or September 2023, or at least every three months.

Failure of the licensee to consult regularly with Residents Council and Family Council at least every three months is a lost opportunity to share and exchange information and hear feedback of what is working or nor working well in the home.

Sources: Residents' Council meeting minutes for August, September and October 2023, Family and Friends Council meeting minutes for July and September 2023, interviews with the Residents' Council President, Family and Friends Council Chair, DOC and others.

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WRITTEN NOTIFICATION: Continuous quality improvement initiative report

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

Non-compliance with: O. Reg. 246/22, s. 168 (1)

The licensee has failed to publish a copy of the Continuous Quality Improvement (CQI) initiative report for the home for each fiscal year on its website no later than three months after the end of the fiscal year.

Rationale and Summary

The home provided a copy of the previous fiscal year's CQI initiative report for the home, but could not



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confirm that it was currently published on the home's website.

Interview with DOC confirmed that the previous fiscal year ended on April 1st, 2023 and that the CQI report was published on the website in October 2023, not within three months after the end of the fiscal year.

Sources: Review of the home's 2022-2023 CQI initiative report, review of the home's website, and an interview with the Administrator, DOC and others.

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WRITTEN NOTIFICATION: Continuous quality improvement initiative report

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

Non-compliance with: O. Reg. 246/22, s. 168 (2) 5.

The licensee has failed to ensure that the home's report on the Continuous Quality Improvement (CQI) initiative for the previous fiscal year contained a written record of the date and the results of the Resident and Family/Caregiver Experience Survey and how and the dates when, the results of this survey taken during the fiscal year were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.

Rationale and Summary

FLTCA s. 43 required the home to ensure that, unless otherwise directed by the Minister, at least once in every year a survey is taken of the residents, their families and caregivers to measure their experience with the home and the care, services, programs and goods provided at the home.

A copy of the home's CQI initiative report for the previous fiscal year was reviewed.

This report did not include a written record of the date the Resident and Family/Caregiver Experience Survey was taken, did not include a written record of the results of the Resident and Family/Caregiver Experience Survey and did not include a written record of how, and the dates when, the results of the Resident and Family/Caregiver Experience Survey taken during the fiscal year were communicated to the residents and their families, Residents' Council, and members of the staff of the home.

The DOC, who was the designated lead for the CQI initiative in the home, confirmed that the home's CQI initiative report for the previous fiscal year was posted on the home's website in October 2023, but did



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not contain a written record of this information within the report.

Sources: Review of the home's previous fiscal year's CQI initiative report, interviews with the DOC and others.

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

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