

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: March 4, 2026

Inspection Number: 2026-1198-0002

Inspection Type:

Critical Incident
Follow up

Licensee: Arnprior Regional Health

Long Term Care Home and City: The Grove Nursing Home, Arnprior

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 23, 24, 25, 26, 27, March 3, 4, 2026

The following intake(s) were inspected:

- Intake: #00163003 - Follow-up related to bed rails
- Intake: #00165628 and Intake: #00165714 - Related to a disease outbreak
- Intake: #00166804 - Related to a missing controlled substance
- Intake: #00169617 - Related to the fall of a resident which resulted in a significant change in condition

Previously Issued Compliance Order(s)

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

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Order #001 from Inspection #2025-1198-0004 related to O. Reg. 246/22, s. 18 (1) (a) inspected.

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

- Medication Management
- Infection Prevention and Control
- Falls Prevention and Management
- Restraints/Personal Assistance Services Devices (PASD) 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: 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).

On a specific date inspector noted bottles of expired alcohol based hand rub (ABHR) located on top of personal protective equipment (PPE) carts outside three resident rooms. All three of the residents required additional contact precautions.

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On the same day the inspector observed a staff member remove the ABHR bottles and replace them with unexpired ABHR. The inspector also noted there was additional ABHR in wall dispensers outside each of the three resident's room available for staff to use which was not expired.

Source: Inspector observations.

Date Remedy Implemented: February 27, 2026

WRITTEN NOTIFICATION: Infection prevention and control program

NC #002 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).

Following two disease outbreaks, the home's Outbreak Management Team did not conduct a debrief meeting.

Sources: Record review and interview with the IPAC Lead.

WRITTEN NOTIFICATION: 24- hour admission care plan

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

Non-compliance with: O. Reg. 246/22, s. 27 (2) 1.

24-hour admission care plan

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s. 27 (2) The care plan must identify the resident and must include, at a minimum, the following with respect to the resident:

1. Any risks the resident may pose to themselves, including any risk of falling, and interventions to mitigate those risks.

A fall risk assessment for a resident was completed upon admission which identified the resident as a high risk for falls. The resident's care plan did not include a fall risk identifier or interventions to mitigate the risk of falls within 24 hours. During an interview with an Associate Director of Care, they confirmed that the initial care plan identifying risk to the resident should be completed within 24 hours of admission and should include interventions to mitigate the risk for falling.

Sources: Resident health records and an interview with an Associate Director of Care.