

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: September 16, 2025

Inspection Number: 2025-1519-0009

Inspection Type:

Complaint
Critical Incident
Follow up

Licensee: The Perley and Rideau Veterans' Health Centre

Long Term Care Home and City: The Perley and Rideau Veterans' Health Centre,
Ottawa

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 8-12, 15, 2025

The following intake(s) were inspected:

- Intake: #00146441 - Follow-up #: 1 to Compliance Order #001, issued in #2025-1519-0005, related to O. Reg. 246/22 - s. 139 1. (unlocked medication carts) issued on May 1, 2025 with an original Compliance Due Date of July 28, 2025.
- Intake: #00153734 - 3025-000075-25 - Fall of resident resulting in injury with change of condition
- Intake: #00154077 - 3025-000077-25 - Alleged staff to resident physical abuse
- Intake: #00154315 - PC-2025-0000885 Complaints related to resident care
- Intake: #00154862 - 3025-000080-25 - Fall of resident resulting in injury with change of condition
- Intake: #00155023 - 3025-000081-25 - Alleged staff to resident abuse

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- Intake: #00155028 - PC-2025-0001317/intake 00155764/intake 00155770/PC-2025-0001790/00155943- Complainant with concerns related to resident care
- Intake: #00155356 - 3025-000084-25: Improper/Incompetent care of resident.

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1519-0005 related to O. Reg. 246/22, s. 138 (1) (a) (ii)

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

Resident Care and Support Services
Medication Management
Food, Nutrition and Hydration
Prevention of Abuse and Neglect
Reporting and Complaints
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Policy to promote zero tolerance

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

Non-compliance with: FLTCA, 2021, s. 25 (1)

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Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee has failed to ensure that a Registered Practical Nurse (RPN) followed the licensee's policy: Resident Abuse and Neglect. Specifically related to reporting incident of abuse, staff member will notify their immediate supervisor immediately. A unit manager confirmed that an RPN did not notify their supervisor or unit manager immediately when they suspected abuse toward residents by a Personal Support Worker (PSW).

Sources: Critical Incident report #3025-000081-25, investigation notes, Resident Abuse and Neglect Policy, interview with Unit Manager.

WRITTEN NOTIFICATION: Cooling requirements

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

Non-compliance with: O. Reg. 246/22, s. 23 (3)

Cooling requirements

s. 23 (3) The heat related illness prevention and management plan for the home shall be evaluated and updated, at a minimum, annually in accordance with evidence-based practices.

The licensee has failed to ensure the heat related illness prevention and management plan for the home was evaluated and updated, at a minimum, annually in accordance with evidence-based practices.

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Specifically, the home's Communication and Care during Extreme Weather policy was last revised on January 25, 2023.

Sources: Policy: Communication and Care during Extreme Weather and interview with Director of Nursing (DON).

WRITTEN NOTIFICATION: Cooling requirements

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

Non-compliance with: O. Reg. 246/22, s. 23 (4)

Cooling requirements

s. 23 (4) The heat related illness prevention and management plan for the home shall be implemented by the licensee every year during the period from May 15 to September 15 and it shall also be implemented,

(a) any day on which the outside temperature forecasted by Environment and Climate Change Canada for the area in which the home is located is 26 degrees Celsius or above at any point during the day; and

(b) anytime the temperature in an area in the home measured by the licensee in accordance with subsections 24 (2), (3) and (4) reaches 26 degrees Celsius or above, for the remainder of the day and the following day. O. Reg. 246/22, s. 23 (4).

The licensee has failed to ensure the heat related illness prevention and management plan for the home was implemented on a specific day during the period from May 15 to September 15, 2025.

On a specified date, a resident developed heat related symptoms after spending an extended amount of time outdoors. According to the licensee's policy:

Communication and Care during Extreme Weather, a resident that developed heat related symptoms will be reported immediately to the physician and the DON.

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Reporting the resident's symptoms immediately to the physician and DON was not completed as required by the home's policy.

Sources: A resident's progress notes, interviews with a Registered Nurse and the DON , and the home's policy: Communication and Care during Extreme Weather.

WRITTEN NOTIFICATION: Falls prevention and management

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

Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee has failed to ensure that staff complied with the home's fall prevention and management program. According to Ontario Regulation 246/22 s. 11 (1) b., the home's fall prevention and management program must include the monitoring of residents and that the program must be complied with.

On a specified date, a resident sustained a fall with a documented head injury. According to the resident's neurological assessment record from the date, the neurological status checks were not completed as per the home's policy.

According to the home's Neurological Status Check policy, the neurological status checks should be completed as per policy unless otherwise ordered by the physician.

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Sources: A resident's clinical records, interview with a Manager of Resident Care, and the home's Fall prevention program, Policy: neurological status check.

WRITTEN NOTIFICATION: Reports re critical incidents

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

Non-compliance with: O. Reg. 246/22, s. 115 (3) 4.

Reports re critical incidents

s. 115 (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):

4. Subject to subsection (4), an incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident's health condition.

The licensee has failed to ensure that an incident that caused an injury to a resident, for which the resident is taken to a hospital and that results in a significant change in the resident's health condition, was reported to the Director within one business day after the occurrence of the incident.

Specifically, when a resident sustained a fall on a specified date that caused an injury with a change in condition, the incident was not reported to the Director within one business day.

Sources: Critical Incident #3025-000080-25, Interview with a Manager of Resident Care.