

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 29, 2023	
Inspection Number: 2023-1508-0006	
Inspection Type: Proactive Compliance Inspection	
Licensee: Bruyère Continuing Care Inc.	
Long Term Care Home and City: Residence Saint-Louis, Ottawa	
Lead Inspector Manon Nighbor (755)	Inspector Digital Signature
Additional Inspector(s) Joelle Taillefer (211)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): September 5, 6, 7, 8, 11, 12, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> Intake: #00095992 - 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

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Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience

Survey

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

Non-compliance with: FLTCA, 2021, s. 43 (1)

The licensee has failed to ensure that at least once in every year a survey was taken of the residents' families and caregivers to measure their experience with the home and the care, services, programs and goods provided at the home.

Rationale and Summary:

The Satisfaction Survey for 2022 was not provided to the residents' family members to measure their experience with the home and the care, services, programs and goods as confirmed by a Family Council member, the Continuous Quality Improvement (CQI) Lead and the Administrator.

Sources: Interviews with a Family Council member, the Continuous Quality Improvement (CQI) Lead and the Administrator. [211]

WRITTEN NOTIFICATION: Doors in a home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

The licensee has failed to ensure that the following rules are complied with: all doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

Rationale and Summary:

In September 2023, eight unsupervised non-resident room area doors, specifically multiple different

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storage, clean and dirty hold, documentation and laundry rooms, were found either open or closed and unlocked.

Several staff members confirmed the non-resident room area doors should have been closed and locked.

As such, several unsupervised non-resident area doors were not closed and locked, which caused a potential safety risk to residents.

Sources: Inspector's observations, photographs and interviews with several staff members. [755]

WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that the infection prevention and control program required under subsection 23 (1) of the Act complies with the requirements of this section where the licensee shall implement, any standard or protocol issued by the Director with respect to infection prevention and control.

Specifically related to the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes - April 2022, Routine Practices and Additional Precautions (PIDAC)- 2012, Contact Precautions, Non-acute Care Facilities, Hand Hygiene as per Routine Practices, Appendix L: Recommended steps for putting on and taking off personal protective equipment (PPE) states that the first step is to perform hand hygiene before putting on the gown, and to discard gloves immediately into a waste basket and discard the gown immediately in a manner that minimizes air disturbance.

Rationale and Summary:

In September, 2023, inspector witnessed a staff member, not performing hand hygiene prior to donning 'putting on' personal protective equipment (PPE), prior to entering a resident's room, designated as contact precaution.

Moments later, the same staff member and another staff member were observed doffing 'taking off' their PPE prior to exiting the same resident's room, both staff members discarded their PPE approximately 20 feet away from the resident's room as there were no containers to discard their PPE immediately outside of the resident's room.

The IPAC Lead stated that doffing needs to occur close to the resident's bedroom.

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As such, not practicing hand hygiene as per IPAC routine practices and not discarding PPE immediately in a manner that minimizes air disturbance, increased risk of infection to other residents and staff.

Sources: Observations of two staff members, interview with a staff member and IPAC Lead. [755]