

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 27, 2024
Inspection Number: 2024-1508-0005
Inspection Type: Critical Incident
Licensee: Bruyère Continuing Care Inc.
Long Term Care Home and City: Residence Saint-Louis, Ottawa

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 18, 19 and 20, 2024.

The following intake(s) were inspected:

- Intake: #00125376 / Critical Incident System (CIS) report 3013-000037-24 was related to the unexpected change in a resident's health condition.

The following Inspection Protocols were used during this inspection:

Food, Nutrition and Hydration
Infection Prevention and Control

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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. 115 (5) 4. ii.

Reports re critical incidents

s. 115 (5) A licensee who is required to inform the Director of an incident under subsection (1), (3) or (4) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:

4. Analysis and follow-up action, including,
 - ii. the long-term actions planned to correct the situation and prevent recurrence.

A licensee who was required to inform the Director of an incident under subsection (1) failed to make a report in writing to the Director, within 10 days of becoming aware of the incident, setting out the long-term actions planned to correct the situation and prevent recurrence.

When a Critical Incident System (CIS) report was submitted to the Director, the long-term actions planned to correct the situation and prevent recurrence were pending. The CIS report was not amended within 10 days as required.

Sources: CIS report 3013-000037-24 and interview with the Administrator.

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The CIS report was amended during the course of the inspection to inform the Director of the long-term actions planned to prevent recurrence.

Date Remedy Implemented: September 20, 2024.

COMPLIANCE ORDER CO #001 Nutritional Care and Hydration Programs

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 74 (2) (c)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(c) the implementation of interventions to mitigate and manage those risks;

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

A) Educate all Dietary Aides, Personal Support Workers and Registered Nursing Staff who work on a home area of the home's process(es) to ensure that residents are served foods and fluids in accordance with their diet order.

B) Conduct audits throughout the home, at a frequency of at least three audits per week, at different meal and snack times, to ensure that residents are served foods and fluids in accordance with their diet order.

C) Educate a Personal Support Worker on the home's policy(ies) and procedure(s) on proper techniques to assist residents with eating.

D) Keep a written record of A, B and C.

E) Conduct the audits required under B) for four consecutive weeks.

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Grounds

The licensee has failed to comply with the program to implement interventions to mitigate and manage risks, related to nutritional care and dietary services and hydration, for a resident.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that interventions are implemented to mitigate and manage the risks identified in O. Reg 246/22, s. 74 (2) (b), related to nutritional care and dietary services and hydration, and they must be complied with.

A resident was ordered a specific diet. There was a document that indicated which foods were appropriate to be served for different diets.

The resident was served a food item that did not correspond with their diet, and it resulted in a change in their health condition.

Sources: Review of a resident's health care record and interviews with staff.

This order must be complied with by November 8, 2024

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

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e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:



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

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Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.