

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

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: December 6, 2024
Original Report Issue Date: November 25, 2024
Inspection Number: 2024-1508-0006 (A1)
Inspection Type: Critical Incident Follow up
Licensee: Bruyère Continuing Care Inc.
Long Term Care Home and City: Residence Saint-Louis, Ottawa

AMENDED INSPECTION SUMMARY

This report has been amended to:
NC #002 Written Notification issued under O. Reg. 246/22 s. 108 (1) 1 was amended to O. Reg. 246/22 s. 108 (1) 3 i. to update the legislative reference to more accurately reflect that the licensee failed to supply the Ministry's toll-free telephone number for making complaints about homes and its hours of service and the contact information for the patient ombudsman.

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INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 19-22, 2024.

The following Critical Incident (CI) intake(s) were inspected:

- Intake: #00127576 and #00131172 related to alleged staff to resident abuse.
- Intake: #00127794 related to alleged neglect of resident.

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The following intake was completed in this Follow up inspection:

- Intake: #00127917-Follow-up to Compliance Order (CO) # 1 under O. Reg. 246/22, s. 74 (2) (c).

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2024-1508-0005 related to O. Reg. 246/22, s. 74 (2) (c).

The following Inspection Protocols were used during this inspection:

Food, Nutrition and Hydration
Infection Prevention and Control
Prevention of Abuse and Neglect
Reporting and Complaints

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Service Providers

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

Non-compliance with: O. Reg. 246/22, s. 92 (2)

Accommodation services programs s. 92 (2) Where services under any of the

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programs are provided by a service provider who is not an employee of the licensee, the licensee shall ensure that there is in place a written agreement with the service provider that sets out the service expectations.

The licensee has failed to ensure that a written agreement was in place for a resident that set out service expectations under any of the programs provided by a service provider who is not an employee of the licensee.

Physician notes from a date in September 2024, stated that a resident experienced difficulty after being provided fluids by an external service provider.

On a date in November 2024, a staff member stated that the home does not have written agreements with external service providers employed by families that set expectations while providing any service to a resident.

On a date in November 2024, a staff member stated that the external service provider for a resident had not asked the staff if the resident was able to have regular consistency fluids before providing them to the resident. The staff member also confirmed that the resident was only to receive thickened fluids.

Sources: Interviews with staff, resident clinical records.

WRITTEN NOTIFICATION: Complaints

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

Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. i.

Dealing with complaints s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

3. The response provided to a person who made a complaint shall include,

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i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

The licensee has failed to ensure that the Ministry's toll-free telephone number for making complaints about homes and the contact information for the patient ombudsman under the Excellent Care for All Act, 2010 was provided to the complainant.

In November 2024, the licensee received a written complaint from a family member regarding an alleged abuse of a resident. A staff member indicated that they had not provided the complainant the Ministry's toll-free telephone number for making complaints and the contact information for the patient ombudsman.

Another staff member confirmed via an email on another date in November 2024, that the licensee did not provide the contact information for the patient ombudsman.

Sources: Interview and email communication with staff members.

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 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

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prevention and control. O. Reg. 246/22, s. 102 (2).

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

The licensee shall:

A:

1) Provide training to a staff member on the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (rev. Sept. 2023) routine practices, specifically section 9.1 (b) related to hand hygiene (HH), including, but not limited to, at the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact).

2) Document and maintain a written record of the training provided, including the date(s) it was held, an overview of the topics covered, method of delivery, the name and credentials of the staff member who provided the training, the name and credentials of the staff member receiving the training, and the recipient staff's signature that they understood the training provided.

3) Perform random audits on the staff member to observe them performing HH as per the four moments when providing care to residents. A minimum of five (5) audits should be conducted during the staff members work shifts.

4) Maintain a record of the audits completed, including date, shift time, person completing audit, observations made, and content of on-the-spot education provided and/or other corrective actions taken where required.

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5) Retain all records until the MLTC has deemed this order has been complied.

B:

1) Educate all specified staff working on a specified unit on resident and staff hand hygiene requirements during meal service, including requirements of staff to support residents with performing hand hygiene prior to meals, as per evidence based best practice standards.

2) Perform twice weekly audits on a specified unit for alternating meals (e.g. breakfast, lunch and supper), on hand hygiene during meal service. Audits are to be conducted until consistent compliance to the Infection Prevention and Control program related to hand hygiene is demonstrated.

3) Take corrective actions to address staff non-compliance related to hand hygiene as identified in the audits.

4) Written records, which include the date of the training, audits and corrective actions were completed and by whom, for sections 1), 2), and 3) and shall be completed and maintained until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

Grounds

A. The licensee has failed to ensure that the "Infection Prevention and Control Standard for Long-Term Care Homes, rev. September 2023, section 9.1 (b)" (IPAC Standard) issued by the Director was implemented.

Specifically, on a date in November 2024, a staff member failed to perform hand hygiene according to the four moments of hand hygiene between resident contact

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while performing care with two different residents.

Sources: Observations.

B. The licensee has failed to ensure that the "Infection Prevention and Control Standard for Long-Term Care Homes, rev. September 2023, section 9.1 (b)" (IPAC standard) issued by the Director was followed by Personal Support Workers (PSW) related to the hand hygiene program.

Specifically on a date in November 2024, three staff members were observed entering and exiting the dining room, serving and assisting residents with their noon meals without performing hand hygiene. Other staff members confirmed that the expectation was for staff to complete hand hygiene between resident contact during meal service.

Sources: Observations, interviews with staff.

This order must be complied with by January 2, 2025

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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.