

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: February 20, 2025

Inspection Number: 2025-1508-0001

Inspection Type:

Complaint
Critical Incident
Follow up

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): January 20-24 and 27-31, 2025.

The inspection occurred offsite on the following date(s): February 3, 2025.

The following intake(s) were inspected:

- Intake: #00132296 related to concerns about the care of a resident.
- Intake: #00132715 related to an allegation of staff to resident abuse.
- Intake: #00132925 a follow-up #1 to Compliance Order (CO) #001 from inspection #2024-1508-0006, related to O. Reg 246/22, s. 102 (2) (b), with a Compliance Due Date (CDD) of January 2, 2025.
- Intake: #00134352 related to incident that caused an injury to a resident for which the resident was taken to a hospital and that resulted in a significant change in the resident's health condition.
- Intake: #00136145 related to an allegation of staff to resident abuse.
- Intake: #00138036 related to a complaint related to concerns about the care of a resident.

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Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2024-1508-0006 related to O. Reg. 246/22, s. 102 (2) (b)

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Pain Management
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Reporting certain matters to the Director.

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that the Director was immediately notified of an

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allegation of staff to resident abuse. The incident was reported the next day.

Sources: Progress notes and interviews with staff members.

WRITTEN NOTIFICATION: Falls Prevention and Management

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee has failed to comply with the home's falls prevention and management program. In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to ensure that written policies developed for the falls prevention and management program were complied with. As per the Falls Prevention procedure, post fall, an assessment was to be completed at specific intervals. On certain dates in March 2024, the required assessments were not completed on a resident after they had fallen.

Sources: A review of resident health care record and the Falls Prevention procedure, and interview with staff.

WRITTEN NOTIFICATION: Skin and Wound Care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (a) (ii)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

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- (a) a resident at risk of altered skin integrity receives a skin assessment by an authorized person described in subsection (2.1)
- (ii) upon any return of the resident from hospital, and

The licensee has failed to ensure that a resident who returned from a hospital admission received a skin assessment within 24 hours upon their return.

Sources: A review of resident health care record and interview with staff.

COMPLIANCE ORDER CO #001 Plan of Care

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 6 (4) (a)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

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

a) Provide training to registered nursing staff and any members of the multidisciplinary team who work on a specific home area on the licensee's pain management program to identify and manage residents' pain, including what triggers the completion of a pain assessment using a clinically appropriate assessment instrument specifically designed for this purpose, and when to contact the physician or nurse practitioner related to a resident's pain management.

b) Select three residents who experienced a significant change in their pain status or a significant change in their status. Complete a weekly audit on each of the three residents, starting with the significant change in pain or status, for four consecutive weeks, to determine if 1. A pain assessment was initiated when required. 2. The

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multidisciplinary team members and others involved in the different aspects of care of the residents collaborated with each other in the assessment of the residents so that their assessments were integrated and were consistent with and complemented each other.

c) Maintain documentation of the audits, including when the audit was completed, who completed the audit, the findings and any corrective actions taken.

Grounds

The licensee has failed to ensure that staff and others involved in the different aspects of the care of a resident collaborated with each other in the assessment of the resident's pain and status so that their assessments were integrated and were consistent with and complimented each other after the resident fell.

After the fall, the resident's status declined. This was noted by several staff members.

During a period of time in March 2024, the resident required increased pain management. Additionally, several different staff members documented increased pain reports and a deterioration in the resident's status. Despite this, the resident's pain was not reassessed using a clinically appropriate tool. Further, the resident's significant change in status and increase in pain were not communicated to the physician until a number of days later when tests were ordered. The test results were then not addressed efficiently which adversely impacted the resident's care.

Sources: A review of resident's health care record and interviews with staff.

This order must be complied with by April 17, 2025

COMPLIANCE ORDER CO #002 Skin and Wound Care

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NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

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

a) Provide training to any registered nursing staff designated to complete skin and wound assessments on the licensee's skin and wound care program, and the use of a clinically appropriate assessment instrument specifically designed for skin and wound assessments.

b) Select three residents where an at least weekly wound assessment is clinically indicated and audit to ensure that: 1. The at least weekly wound assessment was completed. 2. The resident received immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, if required.

c) The audits are to be completed for four consecutive weeks.

d) Maintain documentation of the audits, including when the audit was completed, who completed the audit, the findings and any corrective actions taken.

Grounds

The licensee has failed to ensure that a resident's skin wound was reassessed at least weekly. Between certain dates in April and May 2024, a Skin and Wound

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assessment was not completed and at a later date, the resident required hospitalization.

Sources: A review of resident's health care record and interview with staff.

This order must be complied with by April 17, 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
e-mail: MLTC.AppealsCoordinator@ontario.ca

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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:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

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Director

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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.