Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Ottawa District
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Public Report

Report Issue Date: September 22, 2025
Inspection Number: 2025-1508-0006
Inspection Type: Proactive Compliance Inspection
Licensee: Bruyère Health/Santé Bruyère
Long Term Care Home and City: Saint-Louis Long-Term Care, Ottawa

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 10-12, 15-19, and 22, 2025

The following intake was inspected:
-Intake: #00157280 - PCI

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Food, Nutrition and Hydration
Residents' and Family Councils
Medication Management
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards

Residents' Rights and Choices
Pain Management

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

The licensee has failed to ensure that the infection prevention and control (IPAC) standard issued by the Director was followed. Specifically, the IPAC Standard-Additional Requirement 9.1 e) for point-of-care signage indicating that enhanced IPAC control measures were in place. There was no additional precaution signage for two specific residents.

On September 15, 2025, the additional precaution signage for the two specific residents was posted.

Sources: Observations, staff interviews

Date Remedy Implemented: September 15, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.
Posting of information
s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:
10. The current version of the visitor policy made under section 267.

Non Compliance was found during this inspection on September 10, 2025 and was remedied by the Licensee on the same day. The Inspector was satisfied that the non-compliance met the intent of O. Reg 246/22 section 265 (1) 10 and required no further action.

The licensee has failed to post the mandatory Visitor policy.
On September 10, 2025, the inspector had observed that the Visitor policy was not posted on the information board in the main lobby, nor was it included in the Resource Binder available to residents, families, and visitors.
The Administrator-Director acknowedged and confirmed the Visitor policy was not posted.

Sources: Observation, review of the Resource binder, interview with the Administrator-Director

Date Remedy Implemented: September 10, 2025

WRITTEN NOTIFICATION: Plan of care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the plan of care instructions for a resident's assistive devices were followed.The resident was observed using one of the assistive devices on a day when their plan of care specifically indicated it was not to be in use.

Sources: inspector observation, residents' plan of care and bath schedule, staff interview

WRITTEN NOTIFICATION: Infection prevention and control program

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (15) 2.
Infection prevention and control program
s. 102 (15) Subject to subsection (16), every licensee of a long-term care home shall ensure that the infection prevention and control lead designated under this section works regularly in that position on site at the home for the following amount of time per week:
2. In a home with a licensed bed capacity of more than 69 beds but less than 200 beds, at least 26.25 hours per week.

The licensee has failed to ensure that the Infection prevention and control lead designated under this section works at least 26.25 hours in that position on site at

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the home with a licensed bed capacity of more than 69 beds but less than 200 beds. Two managers confirmed that the home does not have an IPAC Lead on site and that a manager was working on site for eight hours a week as IPAC lead.

Sources: review of the LTC IPAC Program, manager interviews

WRITTEN NOTIFICATION: Quality

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (6) (b)
Continuous quality improvement initiative report
s. 168 (6) The interim report prepared under subsection (5) must,
(b) be provided to the Residents' Council and Family Council, if any; and

The licensee has failed to ensure that the Residents' council received a copy of the Continuous quality improvement initiative report.
The Administrator-Director acknowledged and confirmed that the Resident' council had not received a copy of the Continuous quality improvement initiative report.

Sources: interviews with a Resident council representative and Administrator-Director