

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: March 11, 2026

Inspection Number: 2026-1508-0003

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): March 4-6, 9-11, 2026.

The following intake(s) were inspected:

- Intake: #00171710 related to a Proactive Compliance Inspection (PCI).

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

Food, Nutrition and Hydration
Safe and Secure Home

INSPECTION RESULTS

WRITTEN NOTIFICATION: Doors in a home

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

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

Doors in a home

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s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. 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.

On the morning of a date in March 2026, an inspector observed that the doors to three non-resident areas, which were equipped with locks, were unlocked and unsupervised by staff.

Sources: Inspector observations, interviews with staff.

WRITTEN NOTIFICATION: Bed rails

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

Non-compliance with: O. Reg. 246/22, s. 18 (1) (a)

Bed rails

s. 18 (1) Every licensee of a long-term care home shall ensure that where bed rails are used,

(a) the resident is assessed and the resident's bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;

Several residents who have bed side rails in place, did not have a resident-focused assessment of safety and entrapment risk completed to minimize their risk of injury.

Sources: Resident health record review, interview with staff.

WRITTEN NOTIFICATION: Nutrition and Hydration Program

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Evaluation

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

Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee's nutrition and hydration annual program evaluation completed in February 2025, outlined the summary of the changes made, but did not include the date when the changes made were implemented.

Sources: Nutrition and Hydration Program annual evaluation completed in February 2025, interview with staff.

WRITTEN NOTIFICATION: Hydration programs

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Nutritional care and hydration programs

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

(d) a system to monitor and evaluate the food and fluid intake of residents with

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identified risks related to nutrition and hydration; and

The licensee's Hydration program directed staff to ensure residents' daily hydration needs were met consistently, but the program did not include a process to monitor and evaluate the residents' fluid intake that were recorded daily during meals and snacks.

Sources: Nutrition and Hydration Program, interviews with staff.

WRITTEN NOTIFICATION: Weight Monitoring weight System

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Nutritional care and hydration programs

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

(e) a weight monitoring system to measure and record with respect to each resident,

(i) weight on admission and monthly thereafter, and

The resident's weight was not consistently recorded at least monthly for the following residents:

A - Resident #003's weight was not recorded in October 2025 and December 2025, and January 2026.

B - Resident #002's weight was not recorded in November 2025 and February 2026.

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C - Resident #004's weight was not recorded in November 2025.

Sources: Monthly weight summary record for residents #002, #003, and #004 and interview with staff.