

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, 2025

Inspection Number: 2025-1177-0002

Inspection Type:

Proactive Compliance Inspection

Licensee: 0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership

Long Term Care Home and City: Rosebridge Manor, Jasper

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 12-14, 18-21, 24-26, 2025

The following intake(s) were inspected:

- Intake: #00139656 - PCI

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

Food, Nutrition and Hydration
Medication Management
Safe and Secure Home
Quality Improvement
Pain Management
Skin and Wound Prevention and Management
Resident Care and Support Services
Continence Care
Residents' and Family Councils
Infection Prevention and Control

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Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Residents' Rights and Choices

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. 12 (1) 3.

Doors in a home

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.

The licensee has failed to ensure that all doors leading to non-residential areas closed and locked when they are not being supervised by staff. Specifically, on February 12, 2025 at 1055 hours, a door leading to a clean linen room was unlocked. On February 12, 2025 at 1109 hours, the licensee ensured that the door leading to the linen room was locked.

Sources: observations by Inspector; and interview with staff #101.

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Date Remedy Implemented: February 12, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 19

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

The licensee has failed to ensure that a window cannot be opened more than 15 centimetres, specifically on February 12, 2025, at 1246 hours, an Inspector measured a window opening in a room that was greater than 15 centimetres. On February 12, 2025, at 1310 hours, staff member #102 measured the same window and acknowledged that the window opening was measured at 15.49 centimetres and greater than 15 centimetres. On February 12, 2025, at 1358 hours, an Inspector measured the window opening in the same room and the window opening was measured at 14.40 centimetres.

Sources: observations by Inspector; and interview with staff #102.

Date Remedy Implemented: February 12, 2025

WRITTEN NOTIFICATION: Housekeeping

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

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (i)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's

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specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

The licensee has failed to ensure that procedures were developed and implemented in accordance with prevailing practices for the cleaning and disinfection of the tubs and lift chairs. Specifically, the licensee's policies and procedures did not reflect the home's current practices for the cleaning and disinfection of the tubs and lift chairs.

Sources: Review of the Infection and Prevention Bath/Shower Room Workflow document, Bathing System Cleaning (policy #CS-18.6, approved April 2024), Daily Cleaning of Tub Rooms and Equipment (policy #ENV-HK-2.6, approved February 2025), Risk Management (policy #IPAC-RM-10.2, approved November 2024), and interviews with staff #101, #102, #114, and #115.

WRITTEN NOTIFICATION: Continuous quality improvement committee

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

Non-compliance with: O. Reg. 246/22, s. 166 (2) 9.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

9. One member of the home's Residents' Council.

The licensee has failed to ensure that the continuous quality improvement (CQI) committee shall be composed of at least one member of the home's Residents' Council. Specifically, a member of the home's Residents' Council was only invited to

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attend the licensee's CQI meetings quarterly, when the CQI meetings were held monthly.

Sources: record review of the licensee's CQI committee meeting minutes; and interview with staff #117.

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