



**Ministry of Health and  
Long-Term Care**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Ministère de la Santé et des  
Soins de longue durée**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 4, 2016	2016_200148_0040	026068-16, 030595-16	Complaint

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**Licensee/Titulaire de permis**

ST. PATRICK'S HOME OF OTTAWA INC.  
2865 Riverside Dr. OTTAWA ON K1V 8N5

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**Long-Term Care Home/Foyer de soins de longue durée**

ST PATRICK'S HOME  
2865 RIVERSIDE DRIVE OTTAWA ON K1V 8N5

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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

AMANDA NIXON (148)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): October 2, 3 and 4, 2016**

**This inspection included two complaints, one of which was related to staffing and the other related to responsive behaviours.**

**During the course of the inspection, the inspector(s) spoke with the home's Administrator, Vice President of Nursing, Manager of Human Resources, Staffing Clerk, Registered Practical Nurses (RPN), Personal Support Workers (PSW) and residents.**

**In addition, the Inspector observed the provision of care and services to residents, observed staff to resident interactions and reviewed resident health care records, nursing department staffing schedules and related staffing documents.**

**The following Inspection Protocols were used during this inspection:  
Responsive Behaviours  
Sufficient Staffing**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**0 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>



**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care**

**Specifically failed to comply with the following:**

**s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that the plan of care is based on an assessment of the resident and the resident's needs and preferences.

Resident #001 has several diagnosis including dementia. The resident has been seen by both an outreach psychogeriatric program and the home's BSO. The resident has been exhibiting socially inappropriate behaviours.

In review of flow sheets maintained by PSWs providing care, incidents were documented of socially inappropriate behaviours. Interviews with the RPN, BSO and a regular day shift PSW indicated that staff have been working with the resident as it relates to continued socially inappropriate behaviours. In addition, staff described that the resident is provided with dressing assistance and has specific requirements related to dressing needs and preferences.

The plan of care for the resident was reviewed and does not describe the resident's needs and preferences related to dressing. In addition, the plan of care does not include the resident's socially inappropriate behaviour and interventions in place to manage such behavior. [s. 6. (2)]

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**Issued on this 14th day of November, 2016**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**