

Public Report

Report Issue Date: September 10, 2025

Inspection Number: 2025-1510-0004

Inspection Type:
Proactive Compliance Inspection

Licensee: St. Patrick's Home of Ottawa Inc.

Long Term Care Home and City: St. Patrick's Home, Ottawa

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 25-29, 2025 and September 2-10, 2025.

The following intake(s) were inspected:

□ Intake: #00155912 - PCI

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

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

INSPECTION RESULTS

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

WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience Survey

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

Non-compliance with: FLTCA, 2021, s. 43 (5) (a)

Resident and Family/Caregiver Experience Survey

s. 43 (5) The licensee shall ensure that,

(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (4);

The licensee has failed to ensure that the results of the Family Quality of Life 2024 survey was documented and made available to the Residents' Council and the Family Council.

The CEO and Continuous Quality Improvement (CQI) Lead confirmed in interviews that the Family/Caregiver Experience Survey was not shared with the Councils as a result of a low response rate.

Sources: Meeting Minutes, "2024 Family Survey Update" document, interviews with CQI Lead and CEO.

WRITTEN NOTIFICATION: Doors in a home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 2.

Doors in a home

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

2. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

The licensee has failed to ensure that a door on a floor of a resident's area leading to a balcony was locked.

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On August 27, 2025, September 3, 2025 and September 4, 2025, Inspector #720492 and #740814 observed that a door on a floor of a resident area leading to a balcony was unlocked and unsupervised.

Sources: Observations made on multiple days during the inspection.

WRITTEN NOTIFICATION: Air Temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (2)

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home.
2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.
3. Every designated cooling area, if there are any in the home.

The licensee has failed to ensure that the air temperature was measured and documented daily in writing, in at least two resident bedrooms in different parts of the home, and one resident common area on every floor of the home for three specific months.

Sources: Home's air temperature records, and interview with Facilities Operation Manager.

WRITTEN NOTIFICATION: Air Temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (3)

Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee has failed to ensure that the air temperature required to be measured in resident bedrooms and common areas was documented at least once every morning,

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once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. Temperature measurements of required areas, such as two different resident bedrooms in the home, a common area and/or designated cooling area on each floor were not recorded on multiple occasions for three specific months.

Sources: Review of home's air temperature records; and interview with Facilities Operations Manager.

WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (11) (a)

Infection prevention and control program

s. 102 (11) The licensee shall ensure that there are in place,

(a) an outbreak management system for detecting, managing, and controlling infectious disease outbreaks, including defined staff responsibilities, reporting protocols based on requirements under the Health Protection and Promotion Act, communication plans, and protocols for receiving and responding to health alerts; and

In accordance to O. Reg. 246/22, s.11(b), the licensee is required to ensure their written policies and procedures for disease outbreaks are immediately reported to Public Health, based on requirements under the Health Promotion Act.

The licensee has failed to comply with their outbreak management policy and procedures, in that the reporting procedure for a disease outbreak was not followed. The home's policy "Outbreak Management, VIPC 16.00, revised May 2024, states "Immediately, ... advise Ottawa Public Health of an outbreak."

Specifically, in August, 2025, two resident's on a unit, had symptoms which met the case definition of a gastrointestinal disease outbreak. The Ottawa Public Health unit was not notified until two days later.

Sources: Outbreak resident line list, event evaluation, Outbreak Management policy, VIPC 16.00, revision, May 2024, interviews with IPAC lead, and RN.

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WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (2) 6. i.

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

6. A written record of,

i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,

The licensee has failed to ensure that the report on the continuous quality improvement initiate for the home for 2024 contained a written record of the actions taken to improve the long-term care home based on the documentation of the results of the family experience survey, dates the actions were implemented and the outcomes of the actions.

Specifically, the Continuous Quality Lead (CQI) and Chair Executive Officer (CEO) confirmed in an interview that they could not provide documentation of these requirements from the family experience survey for 2024 as only comments from the survey were included as part of the home's continuous quality improvement initiative due to the family experience survey having a low response rate resulting in insufficient data.

Sources: 2024 CQI Initiative Report document, 2024 Family Survey Update document, 2025 Implementation Plan document and interviews with CQI Lead and CEO.



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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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