

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

Ottawa District
347 Preston Street, Suite 420
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: June 19, 2023	
Inspection Number: 2023-1241-0002	
Inspection Type: Proactive Compliance Inspection	
Licensee: Osgoode Care Centre	
Long Term Care Home and City: Osgoode Care Centre, Metcalfe	
Lead Inspector Cheryl Leach (719340)	Inspector Digital Signature
Additional Inspector(s) Severn Brown (740785)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 2, 3, 4, 5, 8, 9, 10, 11, 12, 2023

The following intake(s) were inspected:

- Intake: #00086964 - Proactive Compliance Inspection

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

- Medication Management
- Food, Nutrition and Hydration
- Safe and Secure Home
- Quality Improvement
- Pain Management
- Falls Prevention and Management
- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Residents’ and Family Councils

Ministry of Long-Term Care

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

Ottawa District

347 Preston Street, Suite 420
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Infection Prevention and Control
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)
FLTCA, 2021, s. 85 (3) (c)

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 FLTCA, 2021 s. 154 (2) and requires no further action.

During the initial tour of the home, it was observed that the folder labelled policy to promote zero tolerance of abuse and neglect was not posted in the home in the folder designated for the policy at the communication board.

The next day it was observed that the policy to promote zero tolerance of abuse and neglect was now available in the home, bringing the home back into compliance with the applicable legislation. Per Chief Executive Officer (CEO), the policy to promote zero tolerance of abuse and neglect was restocked after it had been identified that the policy was not readily posted and available to residents and visitors.

Sources

Observations of the resident communication board; interview with CEO.

[740785]

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

Ottawa District
347 Preston Street, Suite 420
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

WRITTEN NOTIFICATION: Windows

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

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

The licensee failed to ensure that two windows in the South Unit opened no more than 15 centimetres.

Rationale and summary

During the initial tour of the home, the inspector found that two windows in the South Unit opened 24 centimetres or opened fully and could not be measured with the ruler used by the inspector. CEO had the windows corrected immediately by the Buildings Operation Manager to not open more than 15 centimetres when inspector brought the issue to the CEO. The CEO stated that the windows may have opened more than the legislative limit due to window visits of residents during the pandemic.

Residents are at risk of injury, entrapment and elopement if windows open greater than 15 centimetres.

Sources

Observations of South Unit windows; Interview with CEO.

[740785]

WRITTEN NOTIFICATION: Bathing

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

Non-compliance with: O. Reg. 246/22, s. 37 (1)

The licensee has failed to ensure that two residents were bathed at a minimum of twice per week.

Rationale and summary

Residents stated during an interview that they were only receiving a bath every eight days or that they often missed their scheduled bath. Personal Support Worker (PSW) stated that providing residents their scheduled baths was challenging due to staffing restrictions and that families often complain about residents not receiving adequate baths. PSW stated that staffing restrictions make it difficult to provide residents their baths as scheduled, and that if staff are unable to bath a resident on their scheduled bath day, that bath would not be rescheduled but instead the resident will end up not being bathed until their next scheduled bath day. Director of Care (DOC) stated that the the home's resident care unit staffing responsibilities were changed whereby there is no longer a designated staff member for baths.

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

Ottawa District
347 Preston Street, Suite 420
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Residents' plan of care stated they are each supposed to receive a bath two times per week which was not reflected on their corresponding documented bathing records.

By not ensuring that residents receive two baths per week, they are placed at risk of poor hygiene and decreased quality of life.

Sources

Interviews with residents, PSW's, and DOC; Residents' medical record.

[740785]

WRITTEN NOTIFICATION: Maintenance Services

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

Non-compliance with: O. Reg. 246/22, s. 96 (1) (b)

The licensee failed to ensure that the schedule for routine, preventative, and remedial maintenance, related to windows, was followed.

Rationale and summary

Building Operations Manager stated that windows in the home are to be inspected monthly as part of the home's routine maintenance schedule. Building Operations Manager stated that they had not inspected the windows since February or March, 2023. The maintenance schedule for the home provided by Building Operations Manager indicated that windows are supposed to be inspected on a monthly basis. During the initial tour of the home, the inspector found that two window in South Unit opened 24 centimetres or opened fully and could not be measured with the ruler used by the inspector.

By not ensuring that windows in the home were inspected monthly as part of the home's maintenance program, windows in the home were found to open more than 15 cm, the legislated limit, putting residents at risk of potential elopement, injury, or entrapment.

Sources:

Interview with Building Operations Manager;
Maintenance Care Work Tasks for inspections, repairs and replacements provided by Building Operations Manager.

[740785]