

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: February 5, 2025

Inspection Number: 2025-1241-0001

Inspection Type:

Proactive Compliance Inspection

Licensee: Osgoode Care Centre

Long Term Care Home and City: Osgoode Care Centre, Metcalfe

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 20, 21, 22, 23, 24, 27, 28, 30, 31, 2025 and February 3, 4, 5, 2025

The following intake(s) were inspected:

- Intake: #00137286 - Proactive Compliance Inspection

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

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

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Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Medication Management System

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

Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)

Medication management system

s. 123 (3) The written policies and protocols must be,

(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

The licensee has failed to implement their medication policy that states when medication is prefilled it requires to be labelled as per best practices. Specifically, on a day in January 2025, a specific medication was prefilled in a syringe however, a label was not observed. When medication is drawn up in a syringe, it is required to be labelled and it is best practice to administer the medication right away. The homes medication administration policy confirms that the standards for medication administration set out by the College of Nurses of Ontario should be followed.

Sources: Interviews with staff, an observation and record review.

WRITTEN NOTIFICATION: Family/Caregiver Experience Survey

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

Non-compliance with: FLTCA, 2021, s. 43 (1)

Resident and Family/Caregiver Experience Survey

s. 43 (1) Every licensee of a long-term care home shall ensure that, unless otherwise directed by the Minister, at least once in every year a survey is taken of the residents, their families and caregivers to measure their experience with the home and the care, services, programs and goods provided at the home.

The licensee has failed to ensure the completion of a family and caregiver experience survey for 2024.

Sources: Interview with Associate Administrator and Director of Quality and Resident Engagement #120

WRITTEN NOTIFICATION: Doors in a home

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

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

Doors in a home

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

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,

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i. kept closed and locked,

The licensee has failed to ensure that all doors leading to outside and to non resident areas are kept closed and locked. Specifically, on a day in January 2025, the licensee failed to ensure four doors throughout the home were closed and locked.

Sources: Observations and interviews with staff and Administrator

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 (2) 1.

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.

The licensee has failed to ensure that the air temperature was measured and documented in at least two resident bedrooms in different parts of the home from September 16, 2024 to February 3, 2025.

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Sources: Interviews with Environmental Manager #124, Building Controls Technician #125 and Administrator #101

WRITTEN NOTIFICATION: Nursing and Personal Support Services

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

Non-compliance with: O. Reg. 246/22, s. 35 (4)

Nursing and personal support services

s. 35 (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) 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 has failed to keep a written record relating to an annual nursing and support services staffing evaluation 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. During an interview with Administrator #101, they confirmed that they did not have a written record relating to an annual nursing and support services staffing evaluation.

Sources: Record review and an interview with Administrator #101

WRITTEN NOTIFICATION: Safe Storage of Drugs

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

Non-compliance with: O. Reg. 246/22, s. 138 (1) (b)

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,

(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

The licensee has failed to ensure that controlled substances was secured in a locked cupboard within a locked medication cart. On a day in January 2025, the narcotic bin was observed to be unlocked within an unlocked medication cart while not in use.

Sources: Interview with staff and an observation

WRITTEN NOTIFICATION: Orientation

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 259 (2)

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,

(a) hand hygiene;

(b) modes of infection transmission;

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- (c) signs and symptoms of infectious diseases;
- (d) respiratory etiquette;
- (e) what to do if experiencing symptoms of infectious disease;
- (f) cleaning and disinfection practices;
- (g) use of personal protective equipment including appropriate donning and doffing;
and
- (h) handling and disposing of biological and clinical waste including used personal protective equipment.

The licensee has failed to ensure that training for a staff member in infection prevention and control included (a) hand hygiene; (b) modes of infection transmission; (c) signs and symptoms of infectious diseases; (d) respiratory etiquette; (e) what to do if experiencing symptoms of infectious disease; (f) cleaning and disinfection practices; (g) use of personal protective equipment including appropriate donning and doffing; (h) handling and disposing of biological and clinical waste including used personal protective equipment.

During an interview with a staff, they confirmed that they did not receive infection prevention and control education upon hire. During record review, there were no documents to support that infection prevention and control education was provided to a staff during orientation.

Sources: Interview with staff and record review.