

**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  
ottawadistrict.mltc@ontario.ca

<b>Original Public Report</b>	
<b>Report Issue Date:</b> November 15, 2022	
<b>Inspection Number:</b> 2022-1250-0003	
<b>Inspection Type:</b> Other Complaint Critical Incident System	
<b>Licensee:</b> Bruyère Continuing Care Inc.	
<b>Long Term Care Home and City:</b> Élisabeth-Bruyère Residence, Ottawa	
<b>Lead Inspector</b> Julienne NgoNloga (502)	<b>Inspector Digital Signature</b> Julienne Ngo Nloga <small>Digitally signed by Julienne Ngo Nloga Date: 2022.11.15 13:35:29 -05'00'</small>
<b>Additional Inspector(s)</b> Pamela Finnikin (720492)	

## INSPECTION SUMMARY

The Inspection occurred on the following date(s):

September 28, 2022  
September 29, 2022  
September 30, 2022  
October 3, 2022  
October 4, 2022  
October 5, 2022

The following intake(s) were inspected:

- Intake: #00002765 related to housekeeping and responsive behaviours.
- Intake: #00005025-2022\_1250\_0001, CO #001, LTCH, 2007, s. 6 (4) related to plan of care.
- Intake: #00006015-(CI: 2759-000021-2) related to unexpected resident's death.
- Intake: #00006642-(CI: 2759-000014-22) related to allegation of neglect and improper care.

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

Resident Care and Support Services  
Resident Care and Support Services  
Infection Prevention and Control  
Infection Prevention and Control  
Responsive Behaviours  
Staffing, Training and Care Standards  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: IPAC

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

Non-compliance with: O.Reg. 246/22, s. 102 (7) 11.

The licensee has failed to ensure that there is in place a hand hygiene program in accordance with any standard or protocol issued by the Director under subsection (2) which includes, at a minimum, access to hand hygiene agents at point-of-care.

Specifically, the IPAC Standard 10.1 direct the licensee to that the hand hygiene program includes access to hand hygiene agents, including 70-90% Alcohol-Based Hand Rub (ABHR). These agents shall be easily accessible at both point-of care and in other resident and common areas, and any staff providing direct resident care must have immediate access to 70-90% ABHR.

During meal service in one of the dining rooms, the inspector observed staff used Purell Alcohol Hand Sanitizing (ABHR) Wipes to assist residents preform hand hygiene before meal. The label of the ABHR wipes indicated at 62% Ethyl Alcohol.

Staff members indicated that they used Purell Hand sanitizing wipes to assist the residents, who cannot rub their hands using liquid, ABHR perform hand hygiene before meal.

The home's Infection Prevention and Control lead stated that Hand sanitizing wipes were implemented to assist the resident with cognitively impairment perform hand hygiene before meals.

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By using less than 70% Alcohol-Based Hand Sanitizing Wipes, the residents were at risk of cross-contamination.

Sources:

Inspector's observation. Review of Purell Hand sanitizing wipes label. Interviews with IPAC lead and other relevant staff. [502]

**WRITTEN NOTIFICATION: Falls Prevention**

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

Non-compliance with: O.Reg. 246/22, s. 53 (1) 1.

The licensee has failed to comply with written policies related to the falls prevention and management program for resident #002.

In accordance with O. Reg 246/22 s. 53 (1) 1. the licensee is required to have policies as part of the falls prevention and management program and that they are complied with.

Specifically, the licensee did not comply with their policy titled, "Falls Prevention, Long-Term Care #CLIN CARE 33 LTC" Revised May 2021, which is part of the falls prevention and management program for resident #002.

Review of the licensee's policy titled Falls Prevention, Long-Term Care #CLIN CARE 33 LTC" Revised May 2021, states the following: For all unwitnessed falls, the registered nursing staff immediately completes and documents a clinical assessment of the resident, including a Neurological Assessment in Point Click Care (PCC). The post-fall Neurological Assessment will be completed as follow: during post fall assessment, 30 minutes after initial assessment, every shift for 48 hours or per physician recommendations.

A review of a resident's progress notes in PCC indicated that they had fifteen unwitnessed falls for a period of eight months.

A review of the resident's assessments in PCC indicated that of these unwitnessed falls, eleven did not have appropriate follow up assessments completed as per policy after the initial neurological assessment was completed.

On four occasions, the resident had unwitnessed falls with no neurological assessment initiated in PCC. A registered Nurse confirmed that there were no neurological assessments initiated for these dates in PCC.

By not completing the post fall assessment, potential changes in resident's health status could not be



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

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assessed.

Sources: Interview with RN, assessments and progress notes in PCC, and policy as noted above.

[720492]