

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

Original Public Report

Report Issue Date: October 18, 2024

Inspection Number: 2024-1250-0003

Inspection Type:
Proactive Compliance Inspection

Licensee: Bruyère Continuing Care Inc.

Long Term Care Home and City: Élisabeth-Bruyère Residence, Ottawa

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 10, 15, 16, 17, 18, 2024

The following intake(s) were inspected:

- Intake: #00128702 - Proactive Compliance Inspection (PCI)

The following Inspection Protocols were used during this inspection:

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

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Residents' Rights and Choices
Pain Management

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)

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard issued by the Director was implemented. Specifically, section 11.6 of the IPAC Standard states that there should be post signage throughout the home that list the signs and symptoms of infectious diseases for self-monitoring as well as steps that must be taken if an infectious disease is suspected or confirmed in any individual. There was no signage posted throughout the the home related to signs and symptoms of infections diseases.

Sources: No signage posted and interview with the IPAC Lead.

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Signage with signs and symptoms of infection diseases as per requirement were posted throughout the home.

Date Remedy Implemented: October 16, 2024

WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee has failed to ensure that a resident with skin impairment was reassessed at least weekly by an authorized person. The resident weekly skin assessments were reviewed for two months in 2024. It was noted that the weekly skin assessments were not completed on two occasions.

Sources: Interviews with the Director of Care (DOC) and records review.