Ontario

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

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

Ottawa District
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Original Public Report

Report Issue Date: November 15, 2024
Inspection Number: 2024-1250-0004
Inspection Type: Critical Incident
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): November 13-15, 2024.

The following Critical Incident (CI) intake(s) were inspected:

- Intake: #00122243 related to a resident fall with injury.

The following Inspection Protocols were used during this inspection:

Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (10) (c)
Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (c) care set out in the plan has not been effective.

The licensee has failed to ensure that a resident was reassessed, and the plan of care was reviewed and revised when the fall prevention strategies set out in the plan were not effective after several falls.

Sources: Interviews with staff members, review of resident medical records, and long-term care home (LTCH) policy.

WRITTEN NOTIFICATION: Fall Prevention and Management

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 54 (2)
Falls prevention and management
s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246 / 22, s. 54 (2); O. Reg. 66 / 23, s. 11.

The licensee has failed to ensure that after a resident fell on a date in August 2024, that the resident was assessed using a clinically appropriate assessment instrument that was specifically designed for falls.

Sources: Interview with staff, review of resident's medical records.