

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 9, 2024

Inspection Number: 2024-1417-0004

Inspection Type:
Proactive Compliance Inspection

Licensee: Royal Ottawa Health Care Group

Long Term Care Home and City: Royal Ottawa Place, Ottawa

INSPECTION SUMMARY

The inspection occurred on the following date(s):
On site: September 26-27, 2024, October 1-4, 7-8, 2024.
Offsite: on October 8, 2024.

The following intake was inspected:
Intake: #00127788 - 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

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Staffing, Training and Care Standards
Residents' Rights and Choices
Pain 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 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that fluid requirements set out in the plan of care was provided to a resident as specified in the plan.

During a meal service on a specified date, this resident was not provided with the specified serving of a beverage or consistency, as outlined in the plan.

Sources: Inspector's observation, review of this resident's plan of care, interview with a Personal Support Worker (PSW).

The licensee has failed to ensure that fluid requirement set out in the plan of care was provided to another resident as specified in their plan.

During a meal service on two specified dates, this resident was not provided with a

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specified beverage at this meal service on both days as outlined in their plan.

Sources: Inspector's observation and review of this resident's plan of care.

WRITTEN NOTIFICATION: Additional training — direct care staff

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

Non-compliance with: FLTCA, 2021, s. 82 (7)

Training

s. 82 (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:

1. Abuse recognition and prevention.
2. Mental health issues, including caring for persons with dementia.
3. Behaviour management.
4. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations.
5. Palliative care.
6. Any other areas provided for in the regulations.

The licensee has failed to ensure that a specified Personal Support Worker (PSW) who provided direct care to residents received, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations.

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This PSW last completed training for Abuse & Neglect, Residents' Rights and Restraints in Long-Term Care on specified dates over two years ago.

Sources: Inspector's observation, review of this PSW's Training Records, and interview with this PSW.

WRITTEN NOTIFICATION: Bedtime and rest routines

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

Non-compliance with: O. Reg. 246/22, s. 45

Bedtime and rest routines

s. 45. Every licensee of a long-term care home shall ensure that each resident of the home has the resident's desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep.

The licensee has failed to ensure that a specified resident's desired bedtime and rest routines was supported and individualized to promote comfort, rest and sleep.

This resident's plan of care showed that the resident preferred bedtime was at a specified time in the evening, however the resident was being transferred to bed after dinner due to unavailability of two staff at their preferred bedtime.

Sources: This resident's plan of care and interviews with this resident and a Personal Support Worker (PSW).

WRITTEN NOTIFICATION: Food production

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

Non-compliance with: O. Reg. 246/22, s. 78 (2) (c)

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Food production

s. 78 (2) The food production system must, at a minimum, provide for,
(c) standardized recipes and production sheets for all menus;

The licensee has failed to ensure that fluids in the food production system were prepared and served using methods to preserve taste, nutritive value, appearance and food quality.

In accordance with O. Reg 246/22 s. 11 (1) b, the licensee is required to ensure that organized food production system for the Nutrition and Hydration Program was complied with.

Specifically, staff did not comply with a specified items standardized recipe for fluid consistency required.

Sources: Inspector's observation and review of this specified item's mixing chart.

WRITTEN NOTIFICATION: Dining and snack service

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

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

The licensee has failed to ensure that the home had a snack service that included, at a minimum, beverages that were safe and palatable for a specified resident.

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On a specified date, a Registered Practical Nurse (RPN) indicated to the inspector they had not noticed this beverage's expiration date of four months ago, which was provided to this resident earlier that shift.

Sources: Observations of this beverage bottle and expiration date and storage of these beverages in the medication rooms and an interview with this RPN.

WRITTEN NOTIFICATION: Evaluation

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

Non-compliance with: O. Reg. 246/22, s. 106 (b)

Evaluation

s. 106. Every licensee of a long-term care home shall ensure,
(b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 25 of the Act to promote zero tolerance of abuse and neglect of residents', and what changes and improvements are required to prevent further occurrences;

The licensee has failed to ensure that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 25 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences.

Inspector observed the licensee's Zero Tolerance of Abuse and Neglect of residents' policy posted in the home was dated two years ago.

Sources: Observation of the licensee's policy for Zero Tolerance of Abuse and

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neglect revised on a specified date two years earlier, and an interview with the Administrator.

WRITTEN NOTIFICATION: Medication management system

NC #007 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 ensure that their written policies and protocols developed for the medication management system to ensure the accurate administration, destruction and disposal of all drugs used in the home was implemented.

The licensee's Safe Medication Practices ROHCG policy was not implemented on a specified date, when an RPN was in the process to administer an expired medication to a resident until they were interrupted by the inspector.

Sources: Observation of medication administration for this resident, interviews with this RPN, the Manager of Nursing, the Director of Care and review of this resident's health care records as well as the licensee's policy and procedure #CORP VIII-i-100 titled Safe Medication Practices ROHCG.

WRITTEN NOTIFICATION: Safe storage of drugs

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

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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 were stored in a separate, double-locked stationary cupboard in the locked area.

During this inspection, the inspector noted a locked storage box that contained controlled substances, inside an unlocked refrigerator inside the locked medication room. These controlled substances were not kept in a double-locked stationary cupboard in this locked medication storage room.

Sources: Observation of this medication room, review of the Licensee's MediSystems pharmacy policy for controlled substances storage and interviews with this RPN, Nursing Manager and the Director of Care.