



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 16, 2014	2014_225126_0012	LOG# O- 000351-14	Critical Incident System

Licensee/Titulaire de permis

**CITY OF OTTAWA
Long Term Care Branch, 275 Perrier Avenue, OTTAWA, ON, K1L-5C6**

Long-Term Care Home/Foyer de soins de longue durée

**GARRY J. ARMSTRONG HOME
200 ISLAND LODGE ROAD, OTTAWA, ON, K1N-5M2**

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

LINDA HARKINS (126)

Inspection Summary/Résumé de l'inspection

**The purpose of this inspection was to conduct a Critical Incident System
inspection.**

**This inspection was conducted on the following date(s): April 30 and May 2,
2014**

**During the course of the inspection, the inspector(s) spoke with the
Administrator, the Director of Care, one Registered Practical Nurse (RPN), one
RPN student, the Social Worker and several Personal Support Workers.**

**During the course of the inspection, the inspector(s) reviewed the resident
health care record and observed care and services provided to residents.**

The following Inspection Protocols were used during this inspection:



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**Medication
Personal Support Services**

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD). Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.



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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 131.
Administration of drugs**

Specifically failed to comply with the following:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg 79/10 s. 131. (2) in that the home did not ensure that a drug was administered to resident #1 in accordance with the directions for the use specified by the prescriber.

During the course of this inspection, resident #1's health care record was reviewed, it was noted that resident #1 was allergic to a specific medication.

On the admission day, the following order was written on the new admission form: The specific medication was to be administered by mouth, one tablet twice a day and to monitor blood pressure closely for dizziness and low hypotension.

Resident #1's Medication Administration Record (MAR) and health care record were reviewed for a period of six days. Out of those six days, there was no documentation found related to the monitoring of the blood pressure when administering that medication on three specific days.

The licensee failed to monitor the blood pressure when administering the specific medication as prescribed by the prescriber. [s. 131. (2)]



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Issued on this 16th day of June, 2014

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs