Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

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

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jul 20, 2020	2020_593573_0010	003964-20, 004195-20	Complaint

Licensee/Titulaire de permis

City of Ottawa
Community and Social Services, Long Term Care Branch 200 Island Lodge Road
OTTAWA ON K1N 5M2

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

ANANDRAJ NATARAJAN (573), EMILY BROOKS (732)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): June 22, 30, 2020, July 02, 03, and 08, 2020, on site and June 23, 24, 25, 26, 29, 2020, July 06, 07 and 09, 2020 off site.

Complaint Log (s) #003964-20 and #004195-20 concerns related to the resident care/ services was inspected during this inspection.

During the course of the inspection, the inspector(s) spoke with the Personal Support Workers (PSW), Housekeeping staffs, Registered Practical Nurses (RPN), Registered Nurses (RN), the Food Service Supervisor, the Activities Co-ordinator, the Program Manager of Personal Care (PMOPC), the Program Manager of Resident Care (PMORC) and the Administrator.

During the course of the inspection, Inspector(s) reviewed the 24-hour resident condition report and resident health care records. The Inspector(s) observed residents, resident home areas, infection control practices. In addition, inspector(s) observed the provision of care to the resident and observed staff to resident interactions.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Continence Care and Bowel Management
Dignity, Choice and Privacy
Falls Prevention
Nutrition and Hydration
Pain
Recreation and Social Activities

During the course of this inspection, Non-Compliances were issued.
- **1 WN(s)**
- **1 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende 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.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented.

A review of a complaint regarding resident #002, identified concerns with the resident's continence care.

The clinical record of resident #002 identified as being incontinent of bladder and indicated that the resident had frequent episodes of illness related to urinary incontinence.

A review of resident #002's progress notes, indicated that the staff observed that resident #002 had sign and symptoms of illness related to urinary incontinence. Furthermore, it indicated that the staff were instructed to collect the resident's urine sample for the screening test.

A review of a 24-hour resident condition report for specified date and shift, indicated that resident #002 had pain on a specified area. Pain medication was administered to the resident with good effect. Furthermore, the notes indicated that the staff to re -assess the resident on the subsequent shift.

The review of the 24-hour resident condition report on the next day on two specified shifts indicated that the staff were unable to collect resident's urine sample. There was no documentation on the subsequent days regarding the collection of resident's urine sample for the screening test. A review of the clinical record confirmed that there was no documented clinical re -assessment of the resident's above condition. Furthermore, there was no documentation to indicate that the physician nor the resident's SDM had been notified of the resident's condition.

On the fourth day resident #002's nursing progress notes, indicated that the resident was taken to the hospital by the family member and indicated that resident #002 was diagnosed with an illness related to urinary incontinence.

Inspector #573 and the Program Manager for Personal Care (PMPC) reviewed resident #002's clinical record on July 08, 2020. Upon review, the PMPC could not confirm if the registered nursing staff re-assessed the resident's condition, as they did not document

their clinical assessment and the resident's health status on the identified dates before the resident was taken to the hospital. (Log #004195-20) [s. 30. (2)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented, to be implemented voluntarily.

Issued on this 18th day of August, 2020

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

Original report signed by the inspector.