

**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**

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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
May 24, 2022	2022_973573_0007	001111-22, 005370-22	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)

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): March 15 - 18, 21 - 25, 2022 and May 9 - 12, 2022.

Complaint log(s) #001111-22 and 005370-22 related to resident care and services was inspected.

During the course of the inspection, the inspector(s) spoke with the Personal Support Workers (PSW), Housekeeping staff, Registered Practical Nurses (RPN), Registered Nurses (RN), Food Service Supervisor (FSS), the Program Manager of Resident Care (PMRC), the Program Manager of Personal Care (PMPC) and the Administrator.

During the course of the inspection the inspector reviewed the identified resident's health care records, observed video footage, reviewed licensee's internal investigation records and other pertinent documents. In addition, inspector observed the provision of care to the residents and observed staff to resident interactions.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Infection Prevention and Control
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Reporting and Complaints

During the course of this inspection, Non-Compliances were issued.

3 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning
Specifically failed to comply with the following:**

**s. 71. (3) The licensee shall ensure that each resident is offered a minimum of,
(a) three meals daily; O. Reg. 79/10, s. 71 (3).**

Findings/Faits saillants :

1. The licensee has failed to ensure that each resident was offered a minimum of three meals daily.

The Ministry of Long-Term Care received a complaint alleging that the staff failed to offer lunch meal to a resident. In an interview, a PSW stated that on a day in January 2022, they provided lunch meal tray to the resident in their room. The PSW stated that they signed the documentation that the resident had their lunch meal.

The inspector reviewed video footage dated on a day in January 2022. The video does not show the PSW or any staff going into the resident's room to give their lunch meal.

Sources: Video surveillance, interview with the PSW and other staff members. [s. 71. (3) (a)]

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 each resident was offered a minimum of three meals daily, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :

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1. The licensee has failed to ensure that every written or verbal complaint made to the licensee concerning the care of a resident was dealt with, investigated and resolved where possible, and a response that complied with paragraph 3 provided within 10 business days of the receipt of the complaint.

A verbal complaint was made to the Program Manager of Personal Care that the residents on the unit been rushed for their meals. Further, the complainant reported that the meals were placed on the resident's dining table before they arrive at the table, which leaves them to eat cold or soggy food.

Record review of the licensee's complaint records and an interview with the Program Manager of Personal Care indicated that there was no response given to the complainant regarding their complaint.

Sources: the licensee's complaint records and complainant's email, interview with the Program Manager of Personal Care and other staff.

2. A written complaint was made to the Program Manager of Personal Care complaining about a resident care. Record review of the licensee's complaint records and an interview with the Program Manager of Resident Care indicated that a response was not given to the complainant within 10 business days of the receipt of the complaint.

Sources: the licensee's complaint records and email, interview with the Program Manager of Resident Care. [s. 101. (1) 1.]

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 every written or verbal complaint made to the licensee concerning the care of a resident was dealt with, investigated and resolved where possible, and a response that complied with paragraph 3 provided within 10 business days of the receipt of the complaint, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

**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. 2007, c. 8, s. 6 (7).**

Findings/Faits saillants :

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

The Ministry of Long-Term Care received a complaint alleging that a PSW did not follow the resident's plan of care related to their care.

A review of the plan of care for the resident indicated specific instructions for the staff regarding how to apply the dentures. In an interview, the PSW stated that on a day in December 2021, they did not apply the resident's dentures as per the instructions as specified in their plan.

Sources: the resident's plan of care, interview with the PSW and other staff. [s. 6. (7)]

Issued on this 26th day of May, 2022

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

Original report signed by the inspector.