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: January 25, 2024	
Inspection Number: 2023-1617-0006	
Inspection Type: Proactive Compliance Inspection	
Licensee: City of Ottawa	
Long Term Care Home and City: Garry J. Armstrong Home, Ottawa	
Lead Inspector Pamela Finnikin (720492)	**Inspector Digital Signature** Pamela Finnikin Digitally signed by Pamela Finnikin Date: 2024.02.05 16:27:08 -05'00'
Additional Inspector(s) Mark McGill (733)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 27-30, 2023 and December 5-8, 11, 27-29, 2023

The following intake(s) were inspected:

- Intake: #00101953 - Proactive Compliance Inspection (PCI)

The following **Inspection Protocols** were used during this inspection:

Falls Prevention and Management
Food, Nutrition and Hydration
Infection Prevention and Control
Medication Management
Pain Management
Prevention of Abuse and Neglect

Quality Improvement
Resident Care and Support Services
Residents' and Family Councils
Residents' Rights and Choices
Skin and Wound 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 (7)
Plan of care
Duty of licensee to comply with plan
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 the care set out in the plan of care is provided to the resident as specified in the plan.

Rationale and Summary

A resident was served a beverage at lunch that was indicated on their plan of care that they were not to be served after breakfast.

The lunch meal was observed by Inspector #733 in November 2023 on the second-floor dining room beginning at 1230 hours. The resident was served juice by a Personal Support Worker (PSW) prior to the main meal. According to the resident meal spreadsheet posted beside the main servery in the second-floor dining room,

the resident was not to receive juice after the breakfast meal. The inspector asked the PSW if the resident was to receive juice at lunch and they responded yes, for the "past little while."

Inspector #733 then verified in the Electronic Medical Record (EMR) and with a Dietitian that the resident was to only receive juice at breakfast.

Therefore, care was not provided to the resident as specified in their plan of care, though the risk to the resident was low.

Sources: observation of lunch meal in November 2023; resident's plan of care, interview with a Dietitian.

[733]

WRITTEN NOTIFICATION: Infection prevention and control program

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure compliance with any standard issued by the Director with respect to infection prevention and control (IPAC).

Specifically, the licensee failed to ensure compliance with section 10.4 (h) of the IPAC Standard for Long-Term Care Homes that residents are provided support for

hand hygiene prior to meals and snacks.

Rationale and Summary

Inspector #733 observed, during a lunch time observation in November 2023 in the dining room of the second floor, that staff were serving residents drinks and meals without first providing them support for hand hygiene. Inspector #720492 observed, during a lunch time observation in November 2023 that residents were being transferred from the lounge to the dining room and were served their drinks and meals without being provided assistance with hand hygiene.

Two residents confirmed that they are not assisted with hand hygiene prior to receiving snacks and meals.

The IPAC Lead stated that residents are to receive support for hand hygiene prior to meals and snacks, and that staff receive hand hygiene training, and that hand hygiene audits are completed monthly.

Failure to comply with the IPAC Standard to support residents in performing hand hygiene prior to receiving meals places the residents at increased risk of contracting or transmitting a communicable disease.

Sources: Lunch time observations of residents in November 2023 on the second and fourth floors by inspector #733 and #720492, interviews with residents, the IPAC Lead and other staff.

[720492]