

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

Public Report

Report Issue Date: February 11, 2025

Inspection Number: 2025-1617-0002

Inspection Type:

Critical Incident

Licensee: City of Ottawa

Long Term Care Home and City: Garry J. Armstrong Home, Ottawa

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 4, 5, 6, 7, 10, 2025

The following intake(s) were inspected:

- Intake: #00135729 (CIS #M622-000084-24) related to alleged improper / Incompetent treatment of a resident.
- Intake: #00136230 (CIS #M622-000001-25) related to alleged resident to resident abuse.
- Intake: #00136479 (CIS #M622-000002-25) related to the infection control outbreak in the home.
- Intake: #00138366 (CIS #M622-000004-25) related to alleged staff to resident abuse.

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

Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Residents' Rights

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 3 (1) 18.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

18. Every resident has the right to be afforded privacy in treatment and in caring for their personal needs.

The licensee has failed to ensure that a resident's right to be afforded privacy in treatment and in caring for their personal needs was promoted and respected.

The home's Resident Use of Video Cameras policy indicated that the placement of the video camera must ensure that only the resident's private room is captured in the view of the video camera.

The wall mounted camera placement did not promote resident's privacy during care.

Sources: Inspector's observation. Review of Resident Use of Video Cameras policy #750.93. Interviews with staff members.

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WRITTEN NOTIFICATION: Mandatory Reporting

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that an allegation of abuse was immediately reported to the Director.

A day in 2025, a resident Substitute Decision Maker (SDM) alleged that a second resident abused the first resident, a staff member informed a manager the same day. The alleged abuse was not reported to the Director until the next day.

Sources: Critical Incident Report (CIS #M622-000001-25), resident's progress notes, investigation notes. Interview with a staff member.

WRITTEN NOTIFICATION: Transferring and Positioning Techniques

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

Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

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The licensee has failed to ensure that staff utilized safe transferring devices and techniques when assisting a resident after a fall incident.

A day in 2024, a resident sustained a fall. The resident was transferred without the recommended device after the resident reminded staff that they needed the recommended device as per their plan of care.

Sources: Interviews with a resident and staff member. Review of the resident's health records, home's investigation notes and Critical Incident system report (CIS).

WRITTEN NOTIFICATION: Responsive Behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours, (c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee has failed to ensure that a resident demonstrating responsive behaviours, actions were taken to respond to the needs of the resident, including reassessments and that the resident's responses to interventions were documented.

A resident displayed identified responsive behaviours toward another resident. A one-on-one staff monitoring was implemented and the an assessment tool was initiated. A review of the tool demonstrated that the resident's responses were not documented consistently.

Sources: Resident's BSO-DOS, CIS, Progress notes, plan of care. Interview with staff

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member.

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #005 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).

A) The licensee has failed to ensure the implementation of any standard or protocol issued by the Director with respect to infection prevention and control.

In accordance with the Infection Prevention and Control (IPAC) Standard: 9.1 b, the licensee shall ensure that routine practices and additional precautions are followed in the IPAC program. At a minimum, routine practices shall include hand hygiene, including, but not limited to, the four moments of hand hygiene.

A day in 2025, a staff member was observed providing direct care to a resident and did not perform hand hygiene upon exiting the resident's room.

Sources: Observation, Interviews with staff members

B) The licensee has failed to implement the appropriate selection of Personal Protective Equipment (PPE) when providing direct resident care on additional precautions.

In accordance with the IPAC Standard for Long-Term Care Homes issued by the Director, revised September 2022, section 9.1(f) states at minimum, Additional

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Precautions shall include appropriate selection application, removal, and disposal of PPE.

An airborne additional precaution sign was posted at a resident's door, directing staff to wear N95 and keep the door close all the times. A staff member was observed providing care to the resident without wearing N95 and the door remained open.

Sources: Inspector's observation. Interviews with staff members.

C) The licensee has failed to ensure the implementation of any standard or protocol issued by the Director with respect to infection prevention and control.

In accordance with the Infection Prevention and Control (IPAC) Standard: 9.1 a, the licensee shall ensure that routine practices and additional precautions are followed in the IPAC program. At a minimum, additional Precautions shall include evidence-based practices related to potential contact transmission and required precautions.

A contact precaution sign posted at a resident's door required a use of gown for personal care. On identified day, a staff member provided a specified care to the resident without wearing a gown.

Sources: Observation and interviews with staff members.

D) The licensee has failed to develop the procedure to clean and disinfect the high-touch surfaces at least daily.

In accordance with the Infection Prevention and Control Standard (IPAC) 5.6 states the licensee shall ensure that there are policies and procedures in place to determine the frequency of surface cleaning and disinfection using a risk stratification approach, and the licensee shall ensure that surfaces are cleaned at

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the required frequency.

Specifically, the licensee's procedure Cleaning Checklist required high-touch surfaces to be cleaned weekly, which was not in compliance with The Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings.

Sources: Record review of Cleaning Checklist for Garry J Armstrong, the Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition (April 2018). Interview with staff member.

WRITTEN NOTIFICATION: Infection Prevention and Control

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

Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2)

The licensee has failed to ensure that a resident who had symptom indicating the presence of infection during a specified period was monitored on every shift.

A resident experienced symptoms of infection for a specified period in January 2025. Review of the line listing and resident's health record showed that the resident's symptoms were not consistently monitored every shift.

Sources: Resident's electronic medical record, resident's symptom flowsheet, line listing during outbreak period in January 2025, and interview with staff member.