

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

Original Public Report

Report Issue Date: April 3, 2024	
Inspection Number: 2024-1192-0001	
Inspection Type: Proactive Compliance Inspection	
Licensee: 0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership	
Long Term Care Home and City: Almonte Country Haven, Almonte	
Lead Inspector Marko Punzalan (742406)	Inspector Digital Signature
Additional Inspector(s) Pamela Finnikin (720492)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): March 20, 21, 22, 25, 26, 27, 28, 2024</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> Intake: #00111651 - Proactive Compliance Inspection

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services

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Medication Management
Food, Nutrition and Hydration
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Required Programs : Skin and Wound Care

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

Non-compliance with: O. Reg. 246/22, s. 34 (1) 3.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

Non-compliance with: O. Reg. 246/22, s.34 (1) (3) The licensee has failed to ensure that the

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skin and wound care program and relevant policies were evaluated and updated annually.

Rationale and Summary:

In accordance with O. Reg. 246/22 s. 34 (1) (3) the licensee shall ensure that the program and relevant policies shall be evaluated and updated annually in accordance with evidence-based practices and if there are none, in accordance with prevailing practices.

The home's policies on Skin Injury Policy was last updated in March 2021, Skin Care Following Incontinence was last updated in March 2021, Routine Care and Skin Assessment was last updated in March 2021 and Measures to Prevent Skin Breakdown was last updated in March 2021.

An interview with the Clinical Care Coordinator (CCC) confirmed that the skin and wound care program and relevant policies had not been revised or updated annually.

Failing to revise and update policies regarding skin and wound care management may result in outdated practices leading to a decrease in quality of care to all residents that may affect their health and wellbeing.

Sources: Skin Injury, Skin Care Following Incontinence, Routine Care Assessment, Measures to Prevent Skin Breakdown Policies and interview with CCC.
[742406]

WRITTEN NOTIFICATION: Required Programs: Pain Assessment

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

Non-compliance with: O. Reg. 246/22, s. 34 (1) 3.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section

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53 of this Regulation:

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

Non-compliance with: O. Reg. 246/22, s.34 (1) (3) The licensee has failed to ensure that the pain and management program and relevant policies were evaluated and updated annually.

Rationale and Summary:

In accordance with O. Reg. 246/22 s. 34 (1) (3) the licensee shall ensure that the program and any relevant policies shall be evaluated and updated annually in accordance with evidence-based practices and if there are none, by prevailing practices.

The review of the Pain Management Program was last updated on March 31, 2022, including the policies for Non-pharmacological Methods of Pain Control and Pain Care Planning was last updated on March 31, 2022.

An interview with the Director of Care (DOC) confirmed that the pain assessment program, policies for non-pharmacological methods of pain control and pain care planning was not updated annually.

Failing to revise and update policies regarding pain management may result in outdated practices leading to a decrease in quality of care to all residents that may affect their health and wellbeing.

Sources: Pain Management Program. non-pharmacological methods of pain control, pain care planning policies and interview with DOC.

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WRITTEN NOTIFICATION: Continuous quality improvement initiative report

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

Non-compliance with: O. Reg. 246/22, s. 168 (2) 5.

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

5. A written record of,
 - i. the date the survey required under section 43 of the Act was taken during the fiscal year,
 - ii. the results of the survey taken during the fiscal year under section 43 of the Act, and
 - iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee has failed to ensure that the home's report on the Continuous Quality Improvement (CQI) initiative for the previous fiscal year contained a written record of the date and the results of the Resident and Family/Caregiver Experience Survey and the dates when the results of this survey taken during the fiscal year were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.

Rationale and Summary

FLTCA s. 43 required the home to ensure that, unless otherwise directed by the Minister, at least once in every year a survey is taken of the residents, their families and caregivers to measure their experience with the home and the care, services,

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programs and goods provided at the home.

A copy of the home's CQI initiative report for the previous fiscal year was reviewed.

This report did not include a written record of the date the Resident and Family/Caregiver Experience Survey was taken, did not include a written record of the results of the Resident and Family/Caregiver Experience Survey and did not include a written record of the dates when the results of the survey taken during the fiscal year were communicated to the residents and their families, Residents' Council, and members of the staff of the home.

The Administrator, who was the designated lead for the CQI initiative in the home, confirmed that the home's CQI initiative report for the previous fiscal year was posted on the home's website in 2023, but did not contain a written record of this information within the report.

Sources: Review of the home's previous fiscal year's CQI initiative report, and interview with the Administrator.

[720492]



**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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