

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: December 16, 2024

Inspection Number: 2024-1192-0004

Inspection Type:
Complaint
Critical Incident

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

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 11-13, 2024

The following intake(s) were inspected:

- Intake: #00131765 - IL-0133494-OT/IL-0133533-OT- Complainant with concerns regarding a resident's care.
- Intake: #00131819 - IL-0133504-AH/2692-000023-24 - Alleged physical abuse of resident by staff.

The following Inspection Protocols were used during this inspection:

Contenance Care
Food, Nutrition and Hydration
Infection Prevention and Control
Prevention of Abuse and Neglect
Reporting and Complaints

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INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was remedied by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that staff were provided clear communication regarding a resident's medical device.

Specifically, signage, as specified in resident's care plan, for the cleaning procedure for the resident's medical device was not observed in the resident's room. After the inspector's discussion with the resident's substitute decision maker, it was determined that they deemed signage for the resident's medical device was unnecessary.

Sources:

A resident's care plan;

Observation of a resident's room;

Interviews with the Resident Assessment Instrument (RAI) Coordinator and the Director of Care (DOC)

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On December 13, 2024, the resident's care plan was reviewed and was found to be updated to include direction for staff on how to clean the resident's medical device.

Date Remedy Implemented: December 13, 2024

WRITTEN NOTIFICATION: Reporting and Complaints

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

Non-compliance with: FLTCA, 2021, s. 26 (1) (a)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(a) ensure that there are written procedures that comply with the regulations for initiating complaints to the licensee and for how the licensee deals with complaints;

The licensee has failed to comply with the home's written procedures for how the licensee deals with complaints.

In accordance with Ontario Regulation 246/22 s. 11 (1) b., the licensee is required to ensure that written policies and procedures were developed for dealing with complaints, and ensure they were complied with.

Specifically, the licensee has failed to comply with the home's policy OP-AM-6.1 Investigating and Responding to Complaints for the written responses to complaints regarding a resident's care in the home. A resident's substitute decision maker sent written complaints to the home's management team regarding the resident's care on several dates. The home's management team did not provide a written response to these complaints that complied with the home's policy for investigating and responding to complaints.

Sources:

Written complaints regarding a resident's care on multiple dates and the home's

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responses to these complaints;
Interview with the Administrator;
Policy OP-AM-6.1 Investigating and Responding to Complaints.

WRITTEN NOTIFICATION: Reporting and Complaints: Forwarding complaints to the Director

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

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The licensee has failed to ensure that a written complaint regarding a resident's care that alleged risk of harm was immediately forwarded to the Director. Specifically, the licensee failed to ensure that a written complaint submitted to the home on a specified date from the resident's substitute decision maker, regarding care of a resident's medical device that alleged risk of harm related to care, was immediately forwarded to the Director.

Sources:

A written complaint to the home regarding a resident's medical device care on a specified date;

Interview with the Administrator.

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WRITTEN NOTIFICATION: Reporting certain matters to the Director

NC #004 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 alleged incident of staff to resident abuse was reported to the Director immediately. Specifically, the licensee has failed to ensure that an alleged incident of abuse, reported by a resident, was immediately reported to the Director, instead being first reported on a later date.

Sources:

LTC Homes After Hours report reported on a specified date;

Interview with the Administrator.

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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 (8)

Infection prevention and control program

s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead. O. Reg. 246/22, s. 102 (8).

The licensee has failed to ensure that a Personal Support Worker (PSW) participated in the home's Infection Prevention and Control (IPAC) program. Specifically, the licensee failed to ensure that a PSW cleaned a soiled piece of equipment in the soiled utility room. The home's IPAC Lead stated in an interview that it is the home's expectation that a piece of equipment soiled with biological waste be cleaned in the soiled utility room, not in a resident's personal sink.

Sources:

Observation of a PSW;

Interview with the IPAC Lead.