

**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

<b>Report Issue Date:</b> November 14, 2023	
<b>Inspection Number:</b> 2023-1534-0008	
<b>Inspection Type:</b> Proactive Compliance Inspection	
<b>Licensee:</b> City of Ottawa	
<b>Long Term Care Home and City:</b> Carleton Lodge, Nepean	
<b>Lead Inspector</b> Marko Punzalan (742406)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Gurpreet Gill (705004)	

## INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): October 3, 4, 5, 6, 10, 11, 12, 13, 16, 17, 18, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>Intake: #00097875 - Proactive Compliance Inspection</li> </ul>
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The following **Inspection Protocols** were used during this inspection:

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Medication Management
- Residents' and Family Councils
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Quality Improvement

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Residents' Rights and Choices  
Pain Management  
Falls 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 (9) 1.

The licensee has failed to ensure that the provision of the care set out in the resident's plan of care was documented.

#### Rationale and Summary

Residents were scheduled to receive nail care and a bath twice weekly, as per their plan of care.

The bath record flowsheet for the resident showed that for the month of September 2023, there were six days where the resident's baths were not documented. Between October 1 to October 11, 2023, there were two days where resident's baths were not documented. In addition, there was no documentation to indicate whether the resident received nail care between September 1, 2023, and October 11, 2023.

The bath record flowsheet for the resident showed that for the month of September 2023, there were two days where the resident's baths were not documented. Between October 1 to October 11, 2023, there was no documented record of the provision of a bath for the resident. In addition, there was no documentation to indicate whether the resident received nail care between September 1, 2023, and October 11, 2023.

During an interview, the Program Manager of Personal Care (PMOPC) indicated that residents received their scheduled biweekly baths and nail care, but the staff did not complete the documentation on the bath record flowsheets. The PMOPC indicated that staff were expected to document the provision of care to residents on the bath record flowsheet. As such, the provision of care set out in residents' plan of care regarding bath and nail care was not documented.

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**Sources:** Residents health care records and interviews with the PMOPC. [705004]

## **WRITTEN NOTIFICATION: Directives by Minister**

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

Non-compliance with: FLTCA, 2021, s. 184 (3)

The licensee has failed to ensure that the Minister's Directive, COVID-19 Response Measures for Long-Term Care Homes, effective August 2022 was followed by staff related to Masking and Personal Protective Equipment (PPE).

### **Rationale and Summary:**

The Minister's Directive indicated that licensees were required to ensure that the requirements set out in the Ministry of Long-Term Care COVID-19 guidance document for Long-Term Care Homes in Ontario were followed.

The Ministry of Health COVID-19 Guidance for Public Health Units: Long-Term Care Homes (LTCH), Retirement Homes, and Other Congregate Living Settings. Version 11 – June 26, 2023, under Masking and Personal Protective Equipment (PPE): Recommended guidance related to PPE use for providing direct care to a resident with suspected or confirmed COVID-19, that all staff should be wearing a mask, and eye protection when in the COVID-19 outbreak unit.

The inspector was informed by the Infection Prevention and Control (IPAC) lead that the Rideau Unit was on COVID-19 outbreak. The IPAC lead indicated that the expectation for the staff was to wear surgical masks and eye protection when they entered the COVID-19 outbreak unit.

During an observation of the Rideau Unit that was on COVID-19 outbreak, the Inspector observed a Dietary Aide in the food servery area with no eye protection.

Registered Practical Nurse (RPN) stated that all staff should be wearing eye protection including Dietary Aides as the unit was on COVID-19 outbreak.

An interview with the IPAC lead confirmed that eye protection is required in the COVID-19 outbreak unit.

Staff members failing to follow the Ministry of Long-Term Care COVID-19 guidance documents related to

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Masking and PPE in an outbreak area increases the risk of disease transmission among residents, staff, and others.

**Sources:** Observation on the COVID-19 outbreak units, interviews with RPN and IPAC lead. [742406]

### **WRITTEN NOTIFICATION: Required Programs: Skin and Wound Care**

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

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

The licensee has failed to ensure that the 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 Assessment for Admission Procedure was last updated in March 2021, Assessment of Skin: New Admission and Resident at Risk for Altered Skin Integrity was last updated in March 2021, Skin and Wound Care and Skin Integrity was last updated in May 2022 and Skin Care: Vac Dressing and Treatment Guidelines was last updated in July 2022.

An interview with the Program Manager of Resident Care (PMORC) confirmed that the skin and wound care program and relevant policies had not been revised or updated annually.

Failing to revise and update policies annually 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:** Admission Procedure, Assessment of Skin: New Admission and Resident at Risk for Altered Skin Integrity, Skin and Wound Care and Skin Integrity, Skin Care: Vac Dressings and Treatment Guidelines and interview with PMORC [742406]

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## WRITTEN NOTIFICATION: Required Programs: Pain Assessment

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.

The licensee has failed to ensure that the pain management program and any 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 pain management program and any 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 review of the pain assessment policy had the last revision date of September 2019.

An interview with the Program Manager of Resident Care (PMORC) confirmed that the pain assessment program policies had not been revised or updated annually since 2019.

**Sources:** Pain Assessment policy and interview with PMORC [742406]

## WRITTEN NOTIFICATION: Nutritional Care and Hydration Programs

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 74 (2) (d)

The licensee has failed to ensure that the food and fluid intake of residents with identified risks related to nutrition and hydration was documented.

### Rationale and Summary

Residents were assessed as being at nutritional risk, as per their plan of care.

The nutrition intake flowsheet (food and fluid) for the resident showed that for the month of September 2023, there were 20 days, where the resident's AM nourishment was not documented, 5 days where PM nourishment was not documented, and 24 days where HS nourishment was not documented. In addition, there were 2 days in September 2023, where the resident's food and fluid intake at supper were not documented. Between October 1 and October 11, 2023, there were 9 days, where the resident's AM nourishment was not documented, and 5 days where HS nourishment was not

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documented.

The nutrition intake flowsheet (food and fluids) for the resident showed that for the month of September 2023, there were 27 days, where the resident's AM nourishment was not documented, 8 days where PM nourishment was not documented, and 13 days where HS nourishment was not documented. In addition, there was 1 day, where the resident's food and fluids intake at breakfast and lunch were not documented, and 4 days where supper was not documented. Between October 1 and October 11, 2023, there were 11 days, where the resident's AM nourishment was not documented, 2 days where PM nourishment was not documented and 4 days where the HS nourishment was not documented, and 1 day where the resident's food and fluids intake at supper was not documented.

The nutrition intake flowsheet (food and fluids) for the resident showed that for the month of September 2023, there were 27 days, where the resident's AM nourishment was not documented, and 14 days where PM nourishment was not documented, and 23 days where HS nourishment was not documented. In addition, there were 2 days, where the resident's food and fluid intake at breakfast and lunch and 3 days where the resident's supper were not documented. Between October 1 and October 11, 2023, there were 11 days, where the resident's AM nourishment was not documented, and there were 2 days where the resident's food and fluids intake at supper, PM, and HS nourishment were not documented.

During an interview, the Program Manager of Personal Care (PMOPC) indicated that residents received their food and fluids, but the staff did not complete the documentation on the nutritional intake flowsheets. The PMOPC indicated that snack and meal intake should be documented.

As such, residents' food and fluid intakes were not documented who were identified as at high nutritional risk, posing a potential risk of harm in the evaluation of residents' nutrition and hydration monitoring.

**Sources:** Residents health care records and interview with the PMOPC. [705004]

## **WRITTEN NOTIFICATION: Infection Prevention and Control Program**

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that the Infection Prevention and Control Standard issued by the

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Director was followed by staff related to hand hygiene as required by Routine Practices after removing gloves.

### Rationale and Summary

The inspector observed that the Personal Support Worker (PSW) entered the unit dining room with gloves on, PSW proceeded to the snack cart and removed their gloves, and held them in one hand. They did not perform hand hygiene after taking their gloves off. PSW then grabbed a glass and a jug of water from the cart, poured water into the glass, and then discarded their gloves, and walked away with a drink. PSW did not perform hand hygiene after removing their gloves, and prior to pouring water in a glass.

PSW indicated that they didn't perform hand hygiene after removing their gloves and indicated that hand hygiene should be done before putting on gloves and after removing gloves.

The Infection Prevention and Control (IPAC) lead indicated that staff were supposed to wash their hands before putting on gloves and after removing gloves.

As such, a lack of hand hygiene increases the risk of disease transmission among residents and staff.

**Sources:** Snack observation and interviews with the IPAC lead and PSW [705004]



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

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