

**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:** October 23, 2025

**Inspection Number:** 2025-1534-0006

**Inspection Type:**

Complaint  
Critical Incident  
Follow up

**Licensee:** City of Ottawa

**Long Term Care Home and City:** Carleton Lodge, Nepean

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 16, 17, and 20 - 23, 2025.

The following follow-up (FU) intake(s) were inspected:

-Intake #00157287 - FU #: 1 for O. Reg. 246/22 s. 140 (1) with a compliance due date (CDD) of October 17, 2025.

The following Critical Incident (CI) intake(s) were inspected:

-Intake #00157406 - Fall of a resident resulting in injury and transfer to hospital;  
and  
-Intake #00158655 - Fall of a resident resulting in injury and transfer to hospital.

The following Complaint intake(s) were inspected:

-Intake #00157608 - Concerns regarding a resident's plan of care related to Falls Prevention and Management.

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## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2025-1534-0005 related to O. Reg. 246/22, s. 140 (1)

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

Medication Management  
Falls Prevention and Management  
Restraints/Personal Assistance Services Devices (PASD) Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Duty of licensee to comply with plan

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

#### **Non-compliance with: FLTCA, 2021, s. 6 (7)**

Plan of care

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 was provided to a resident as specified in the plan. Specifically, a resident's falls prevention intervention was not in place, and they had a fall resulting in injury.

Sources: Critical Incident Report, resident's electronic health record and interview with an registered staff.

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## **WRITTEN NOTIFICATION: Policy to Minimize Restraining of Residents, etc.**

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

**Non-compliance with: FLTCA, 2021, s. 33 (1) (b)**

Policy to minimize restraining of residents, etc.

s. 33 (1) Every licensee of a long-term care home,

(b) shall ensure that the policy is complied with.

The licensee has failed to ensure that their Minimizing Restraints and Personal Assistance Service Devices (PASDs) Policy, was complied with. Specifically, when a physical restraint was initiated for a resident on a specified date, there was no progress note that documented the circumstances precipitating the application of the restraint; alternatives that were considered and tried where appropriate but were not effective; person who applied the device, date and time of application; and effectiveness and resident response. Furthermore, when a PASD was initiated for a resident on a specified date, the care plan was not updated to include the release of PASD and reposition every two hours; and the repositioning and release of the resident's PASD every two hours by Personal Support Workers (PSW) in Point of Care (POC) was not documented.

Sources: "Minimizing Restraining and Personal Assistance Service Devices (PASDS)" policy, revised/reviewed, January 2024; resident care plan; Documentation Survey Report; and interview with Program Manager, Personal Care (PMPC).

## **WRITTEN NOTIFICATION: Requirements Relating to Restraining by a Physical Device**

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

**Non-compliance with: O. Reg. 246/22, s. 119 (7) 2.**

Requirements relating to restraining by a physical device

s. 119 (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 35 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

2. What alternatives were considered and why those alternatives were inappropriate.

The licensee has failed to ensure that the reasons for why alternatives to a physical restraint for a resident were inappropriate, were documented.

Sources: Consent Form Restraint and PASD; progress notes; electronic medication administration record; and interview with PMPC.

**WRITTEN NOTIFICATION: Requirements relating to restraining  
by a physical device**

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

**Non-compliance with: O. Reg. 246/22, s. 119 (7) 6.**

Requirements relating to restraining by a physical device

s. 119 (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 35 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

6. All assessment, reassessment and monitoring, including the resident's response.

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The licensee has failed to ensure that when a resident was using a physical restraint device, all assessment, reassessment and monitoring, including the resident's response was documented.

As per O. Reg 246/22 s. 119 (2) 6(2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 35 of the Act: That the resident's condition is reassessed and the effectiveness of the restraining evaluated only by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff, at least every eight hours, and at any other time when necessary based on the resident's condition or circumstances.

Sources: observation, resident health record, Interview with PMPC.

**WRITTEN NOTIFICATION: Requirements relating to restraining  
by a physical device**

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

**Non-compliance with: O. Reg. 246/22, s. 119 (7) 7.**

Requirements relating to restraining by a physical device

s. 119 (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 35 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

7. Every release of the device and all repositioning.

The licensee has failed to ensure that when a physical device was used to restrain a resident, every release of the device and all repositioning of the resident was documented.

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Sources; Inspector's observation, resident's health record, and interview with PMPC.