



**Ministry of Health and Long-Term Care**

Long-Term Care Homes Division  
 Long-Term Care Inspections Branch

**Ministère de la Santé et des Soins de longue durée**

Inspections de soins de longue durée  
 Division des foyers de soins de longue durée

# Order(s) of the Director

under the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
<b>Name of Director:</b>	Karen Simpson
<b>Order Type:</b>	<input type="checkbox"/> Amend or Impose Conditions on Licence Order, section 104 <input type="checkbox"/> Renovation of Municipal Home Order, section 135 <input checked="" type="checkbox"/> Compliance Order, section 153 <input type="checkbox"/> Work and Activity Order, section 154 <input type="checkbox"/> Return of Funding Order, section 155 <input type="checkbox"/> Mandatory Management Order, section 156 <input type="checkbox"/> Revocation of Licence Order, section 157 <input type="checkbox"/> Interim Manager Order, section 157
<b>Intake Log # of original inspection (if applicable):</b>	
<b>Original Inspection #:</b>	
<b>Licensee:</b>	City of Ottawa Community and Social Services, Long Term Care Branch 200 Island Lodge Rd Ottawa ON, K1N 5M2
<b>LTC Home:</b>	Carleton Lodge 55 Lodge Rd, R.R. #2 Ottawa ON, K2C 3H1  Centre d'Accueil Champlain 275 Perrier Street Ottawa ON, K1L 5C8  Garry J. Armstrong Home 200 Island Lodge Rd Ottawa ON, K1N 5M2  Peter D. Clark Centre 9 Meridian Place Ottawa ON, K2P 6P8



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<b>Name of Administrator:</b>	Lise Girard, Administrator, Carleton Lodge Jacqueline Roy, Administrator, Centre d'Accueil Champlain Tony Sponza, Acting Administrator, Garry J. Armstrong Home Ted Cohen, Administrator, Peter D. Clark Home
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<b>Background:</b>	
<p>On July 13, 2017 as part of the inspection 2017_620126_0004, a Director Referral was made in accordance with s.152, paragraph 4 of Long-Term Care Homes Act, 2007 (LTCHA). The Director Referral was made after the inspector reissued a second consecutive order to the City of Ottawa in respect of Garry J. Armstrong Home under the LTCHA s. 19(1). This is the fourth time that the City of Ottawa has been found to be in non-compliance with the LTCHA section 19, since 2015. As part of the Director's Referral, the Director has considered the scope and severity of the non-compliances identified in inspection 2017_620126_0004, and the licensee's history of compliance, in any home, and has determined that it is necessary to issue this Order.</p>	

<b>Order:</b>	<b>#001 – City of Ottawa</b>
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**To the City of Ottawa, you are hereby required to comply with the following order(s) by the date(s) set out below:**

<b>Pursuant to:</b>
<b>LTCHA, 2007 S.O. 2007, c.8, s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).</b>
<b>Order:</b>
<ul style="list-style-type: none"><li>1) To prepare, submit and implement the following plans in the following City of Ottawa's approved municipal homes, Gary J. Armstrong, Peter D. Clark, and Centre D'Accueil Champlain where s. 19(1) and s. 6(7) of the LTCHA have been found to be in non-compliance.<ul style="list-style-type: none"><li>a) A plan to ensure adequate and appropriate supervision of non-regulated staff by registered nursing staff per the College of Nurses best practice guidance document</li></ul></li></ul>

(attached to this Order)

- b) A plan to ensure all staff who provide direct care to residents do so in accordance with the resident's plan of care;
  - c) A plan to identify specific strategies to appropriately care for residents with dementia of various cultural backgrounds;
  - d) A plan to provide in person training for staff on the prevention of abuse and neglect, mandatory reporting and the licensee's policy to promote zero tolerance of abuse and neglect of residents.
  - e) A plan to be submitted following the meetings and town halls that the City of Ottawa has scheduled to identify opportunities to improve care and services to residents and prevent abuse and neglect of residents. This plan will identify the specific strategies that will be implemented by the City of Ottawa in the three City of Ottawa's approved municipal homes identified above.
- 2) All of the plans noted above are to include timelines for implementation of all deliverables and identify who will be accountable for putting in place the specific deliverables.
  - 3) All of the plans will identify the process and the indicators that will be used to evaluate the outcomes resulting from the implementation of the strategies identified including assessing staff knowledge and application in the key areas identified.

All of the plans are to be submitted to Karen Simpson, Director, by fax to 613-569-9670 or courier to 347 Preston Street, Suite 420, Ottawa, Ontario, K1S 3J4 by September 15, 2017.

In addition to the above I require the licensee to conduct a risk assessment at Carleton Lodge to determine if any or all of the training and strategies being implemented in the licensee's other municipal long term care homes should also be implemented at Carleton Lodge Long-Term Care Home. Any training or strategies that are identified as being beneficial to staff and residents at Carleton Lodge Long-Term Care Home should also be identified in the plans to be submitted to the Director.

**Grounds:**

This Order is necessary given the scope and severity of the non-compliances identified in inspections 2017\_620126\_0004 and 2017\_584161\_0007 outlined below, and the licensee's history of compliance in any home also outlined below. This Order is being issued to ensure the licensee achieves compliances with the serious and on-going non-compliance identified below by taking the actions identified by the Director in this Order in addition to the actions identified by inspectors in the compliance orders issued following Inspections #2017\_620126\_0004 and #2017\_584161\_0007. This Director's Order is being issued for the three long-term care homes

operated by the licensee where non-compliance with s. 19(1) and s. 6(7) have been found to be in non-compliance and considering the compliance history of the licensee in any home with respect to the two legislative requirements identified below.

In the two recent inspections detailed below Orders were issued in both inspections for both s. 19(1) and s. 6(7) with respect to the licensee failing to protect residents from abuse and neglect as well as failing to ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

This Director's Order is being issued to ensure that:

- the licensee reviews their current processes and staffing structure in place to supervise PSWs and ensure they deliver the care as required by the plan of care;
- there is adequate supervision of all staff providing direct care to residents to ensure residents are not neglected or abused;
- in person training is provided to ensure staff understand their obligations with respect to ensuring residents are protected from abuse and neglect and for reporting abuse and neglect;
- staff are trained to use specific strategies to appropriately care for residents with dementia of various backgrounds.
- that a plan is developed as a result of the meetings and town halls that the licensee is planning to hold to identify opportunities and implementable strategies to address care delivery and the prevention of abuse and neglect of residents.

Specific evidence of the non-compliance identified and that is relied on by the Director is contained within the two inspection reports noted below as well as in other inspections listed in the compliance history described below in this Order.

- **July 13, 2017:** A critical incident and complaint inspection was conducted at the Garry J. Armstrong Home. The inspection report for inspection # 2017\_620126\_0004 and compliance order CO#002 were served on the licensee on July 13, 2017. The compliance order (CO #002) was issued in relation to LTCHA s. 19 (1) S. 19 Duty to Protect related to physical and emotional abuse. The compliance due date is September 21, 2017. At the same time a compliance order (CO #001) was issued related to LTCHA s. 6 (7) – Plan of Care, with a compliance a due date of September 21, 2017. As well a voluntary plan of correction action (VPC) was issued related to LTCHA s. 20 (1) – Policy to promote Zero Tolerance
- **June 21, 2017:** A complaint inspection # 2017\_584161\_0007 was conducted at the Garry J. Armstrong Home. The inspection report and compliance order CO#001 were served on the licensee on June 21, 2017. The compliance order (CO #001) was issued in relation to LTCHA s. 19 (1) S. 19 Duty to Protect related to neglect. The compliance due date is September 21, 2017. At the same time a compliance order (CO #002) was issued related to LTCHA s. 6 (7) – Plan of Care, with a compliance due date of September 21, 2017. As

well, a voluntary plan of correction action (VPC) was issued related to LTCHA s. 20 (1 & 2) – Policy to promote Zero Tolerance and a written notification (WN) was issued related to LTCHA s. 24 (1) – Reporting certain matters to the Director.

Compliance History: Previous Inspections at Garry J Armstrong where s. 19(1) and s. 6(7) were issued:

### Section 19(1):

- **June 2, 2016:** A Resident Quality Inspection was conducted at the Garry J. Armstrong Home. The inspection report and compliance order CO#001 was served on the licensee on June 2, 2016. The compliance order (CO #001) was issued in relation to LTCHA s. 19 (1) S. 19 Duty to Protect related to abuse. Compliance due date was June 11, 2016 and amended to August 26, 2016. At the same time, voluntary plans of correction action (VPC) were issued related to LTCHA s. 20 (1) – Policy to promote Zero Tolerance and to LTCHA s. 24 (1) – Reporting certain matters to the Director. A follow up inspection was conducted on September 13 and 14, 2016. The compliance order was found to be in compliance at that time.
- **April 7, 2015:** A critical incident inspection was conducted at the Garry J. Armstrong Home. The inspection report and compliance order CO#001 was served on the licensee on June 30, 2015. The compliance order (CO #001) was issued in relation to LTCHA s. 19 (1) Duty to Protect related to abuse. Compliance due date was June 30, 2015. At the same time written notifications (WN) were issued related to LTCHA s. 20 (1) – Policy to promote Zero Tolerance and to LTCHA s. 24 (1) – Reporting certain matters to the Director. A Follow Up inspection was conducted on December 10, 2015 and the order was found to be in compliance at that time.

### Section 6(7):

- September 12, 2016 – WN s. 6 (7) – complaint inspection # 2016-286547-0024
- July 6, 2016 – WN s. 6 (7) – critical incident inspection # 2016-285126-0013
- July 5, 2016 – WN s. 6 (7) – complaint inspection # 2016-285126-0012
- April 26, 2016 – WN s. 6 (7) – resident quality inspection # 2016-200148-0011
- January 4, 2016 – VPC s. 6 (7) – critical incident inspection # 2016-287548-0002
- May 12, 2015 – VPC s. 6 (7) – critical incident inspection # 2015-362138-0017
- January 9, 2015 – VPC s. 6 (7) – critical incident inspection # 2015-286547-0002

Compliance History at other long-term care homes owned and operated by this licensee:

**Peter D. Clark**

- January 21, 2017 – VPC s. 6 (7) – resident quality inspection # 2017-584161-0004
- December 9, 2016 – VPC s. 6 (7) – complaint inspection # 2016-582548-0031
- September 22, 2016 – VPC s. 6 (7) – critical incident inspection # 2016-384161-0043
- August 11, 2016 – WN s. 6 (7) – complaint inspection # 2016-384161-0037
- June 14, 2016 – VPC s. 6 (7) – complaint inspection # 2016-219211-0013
- May 16, 2016 – WN s. 6 (7) – resident quality inspection # 2016-284545-0013
- June 24, 2015 –WN s. 6 (7) – resident quality inspection # 2015-384161-0011

No findings of non-compliance with respect to Section 19(1) over the past three years

**Centre d’Accueil Champlain**

- June 30, 2017 – VPC s. 6(7) – critical incident inspection # 2017-618211-0010
- October 11, 2016 – VPC s. 6 (7) – critical incident inspection # 2016-289550-0037
- July 19, 2016 – VPC s. 6 (7) – critical incident inspection # 2016-284545-0020
- August 24, 2015 – VPC s. 6 (7) – resident quality inspection # 2015-381592-0021
- A finding of non-compliance with respect to Section 19 was issued on December 23 2016 in relation to Critical Incident Inspection # 2016-219211-0021. A Follow Up inspection was conducted on March 8, 2017 and the order was found to be in compliance at that time

**Carleton Lodge**

No findings of non-compliance with respect to s. 6(7) or s. 19(1) over the past three years.

**This Order must be complied with by:**

December 1, 2017



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**REVIEW/APPEAL INFORMATION**

TAKE NOTICE:

The Licensee has the right to appeal this Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with this Order, mail or deliver a written notice of appeal to both:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON  
M5S 2T5

and the

**Director**

c/o Appeals Clerk  
Long-Term Care Inspections Branch  
1075 Bay St., 11th Floor, Suite 1100  
Toronto ON M5S 2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).

Issued on this 19th day of July, 2017.

Signature of Director:

Name of Director:

Karen Simpson, Director, Long-Term Care Inspections Branch

Version date: 2017/02/15