Ontario

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

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Ottawa District
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Original Public Report

Report Issue Date: November 19, 2024
Inspection Number: 2024-1488-0006
Inspection Type: Critical Incident
Licensee: Centre d'Accueil Roger Seguin
Long Term Care Home and City: Centre d'Accueil Roger Seguin, Clarence Creek

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 13, 14, 15, 19, 2024

The following intake(s) were inspected:

- Intake: #00129405 - 2988-000044-24 - Allegation staff to resident physical abuse
- Intake: #00130073 - 2988-000045-24 - Allegation staff to resident physical abuse

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

Infection Prevention and Control
Prevention of Abuse and Neglect

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 there is a written plan of care for a resident that provide clear directions to staff and other who provide direct care related to transfer. Interventions to ensure the safe transfer of the residents was added to the plan of care.

Sources: The resident plan of care and interview with the Executive Director of Care (EDOC).

Date Remedy Implemented: November 14, 2024

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #002 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.

1) The licensee has failed to ensure that an allegation of physical abuse , staff to resident was immediately reported to the Director. The incident occurred on a specific date in October 2024 and was reported the next day.

Sources: Critical Incident (CI) #2988-000044-24, interview with a Registered Nurse (RN) and with the Executive Director of Care (EDOC).

2) The licensee has failed to ensure that an allegation of physical abuse , staff to resident was immediately reported to the Director. Another incident occurred on a specific date in October 2024 and was reported the next day.

Sources: Critical Incident (CI) #2988-000045-24, interview with a Registered Nurse (RN) and with the EDOC.