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: December 6, 2024
Inspection Number: 2024-1371-0006
Inspection Type: Critical Incident
Licensee: Santé Montfort
Long Term Care Home and City: Montfort, Ottawa

INSPECTION SUMMARY

The inspection occurred onsite from December 2-6, 2024.

The following intake(s) were inspected:

- Intake: #00131253 regarding an allegation of staff to resident neglect.
- Intake: #00132239 regarding an allegation of resident-to-resident sexual abuse.

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

Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Falls prevention and management

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

Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee has failed to ensure that as part of their fall's prevention and management program, they must at a minimum, provide for strategies to reduce or mitigate falls, that include the implementation with the use of equipment, devices and assistive aids for this resident.

A resident had a fall when attempting to transfer and their wheelchair brakes were not applied as per their fall's prevention strategies. On a different occasion, this resident's wheelchair was observed without the brakes applied at their bedside. A specialized device for falls was observed not turned on for this resident for falls prevention strategy to reduce or mitigate falls as required.

Sources: Resident observations in their bedroom, observations of their fall's prevention equipment, devices, assistive aids as strategies in place, health care records review for this resident and interview with PSW, RPN, a Falls Program Co-Lead and the Administrator.