



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

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

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

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

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

Ottawa Service Area Office  
347 Preston St Suite 420  
OTTAWA ON K1S 3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347 rue Preston bureau 420  
OTTAWA ON K1S 3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
May 23, 2018	2018_617148_0014	029758-17	Complaint

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### **Licensee/Titulaire de permis**

0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership

2020 Fisher Drive Suite 1 PETERBOROUGH ON K9J 6X6

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### **Long-Term Care Home/Foyer de soins de longue durée**

Garden Terrace  
100 Aird Place KANATA ON K2L 4H8

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### **Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

AMANDA NIXON (148)

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## **Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): April 20, 23 and 26, 2018**

**This inspection was conducted concurrently with the Resident Quality Inspection (#2018 617148 0013) and was related to the provision and maintenance of mobility equipment and other safety devices, restraining, availability of toileting supplies and care provided related sleep patterns for an identified resident.**

**During the course of the inspection, the inspector(s) spoke with the home's Administrator, Director of Care (DOC), Physiotherapist (PT), Registered Practical Nurses (RPN) and Personal Support Workers (PSW).**

**The Inspector reviewed the identified health care record, along with pertinent hospital records. In addition, the Inspector observed the resident, staff to resident interactions and the resident's care environment including equipment used.**

**The following Inspection Protocols were used during this inspection:  
Accommodation Services - Maintenance  
Minimizing of Restraining  
Personal Support Services**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**0 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 31. Restraining by physical devices**

**Specifically failed to comply with the following:**

**s. 31. (1) A resident may be restrained by a physical device as described in paragraph 3 of subsection 30 (1) if the restraining of the resident is included in the resident's plan of care. 2007, c. 8, s. 31. (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a resident may be restrained by a physical device if the restraining of the resident is included in the resident's plan of care.

The plan of care for resident #001 included the use of safety devices and restraints, including the use of a tilt wheelchair and seat belt. The use of such devices were related to the resident's impaired mobility; the resident also had a plan of care in place for fall risk and wandering. Prior to the date of this inspection, the resident was known to self-propel through the unit (wander) while seated in a wheelchair by use of both feet. In interviews with PT #103, PSW #104 and DOC #102 it was described that the resident was not always safe to self or others when wandering.

In speaking with the home's PT #103, PSW #104 and DOC #102, it was determined that staff would apply the brakes to the resident's wheelchair. PSW #104 described the resident as not capable of releasing the brakes once applied and with the brakes applied the resident was no longer able to move about the unit. Both PSW #104 and DOC #102 indicated that the purpose of this was to ensure the safety of resident #001 and co-residents when resident #001 could not be supervised during wandering.

The application of the brakes inhibited the movement of resident #001 around the unit and in this way resident #001 was restrained by a physical device without the restraining included in the resident's plan of care. [s. 31. (1)]

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**Issued on this 25th day of May, 2018**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**