

# 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**

347 Preston Street, Suite 410 Ottawa, ON, K1S 3J4 Telephone: (877) 779-5559

## **Public Report**

Report Issue Date: April 2, 2025

**Inspection Number**: 2025-1519-0004

**Inspection Type:** 

Complaint

Critical Incident

Licensee: The Perley and Rideau Veterans' Health Centre

Long Term Care Home and City: The Perley and Rideau Veterans' Health Centre,

Ottawa

### **INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): March 20, 21, 26, 27, 28, 31, 2025 and April 2, 2025

The following intake(s) were inspected:

Intake: #00139524 - Related to the fall of a resident which resulted in a significant change in health status

Intake: #00141312 - Related to the fall of a resident which resulted in a significant change in health status

Intake: #00142332 - Related to improper/incompetent treatment or care of a

resident that results in harm or risk to a resident

Intake: #00142355 - Complaint related to a bed application refusal

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

Infection Prevention and Control Prevention of Abuse and Neglect Reporting and Complaints



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Falls Prevention and Management Admission, Absences and Discharge

## **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 the written plan of care for a resident provides clear directions to staff and others who provide direct care to the resident. Inspector's observations and interviews with staff revealed a specific falls prevention intervention was being used for a resident. Upon review of the resident's written plan of care it was noted this specific intervention was not documented. This omission was brought to the Manager of Resident Care's attention. The following day inspector noted the resident's written plan of care was updated to include the intervention.

Sources: Resident health record, observations, discussion with the Manager of Resident Care and interviews with front line staff.



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Date Remedy Implemented: February 26, 2025

### WRITTEN NOTIFICATION: Authorization for admission to a home

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

Non-compliance with: FLTCA, 2021, s. 51 (7) (b)

Authorization for admission to a home

s. 51 (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 50 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,

(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or

The licensee has failed to comply with FLTCA section s. 51 (7) b whereby the licensee refused an applicant's admission to the home based on reasons that are not permitted in the legislation. Specifically, that the home does not have the nursing expertise to care for the applicant's medical diagnosis.

Sources: Applicant file, licensee's refusal response letter and interview with the Admissions Coordinator.