

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

Original Public Report

Report Issue Date: August 30, 2024.

Inspection Number: 2024-1604-0003

Inspection Type:
Proactive Compliance Inspection

Licensee: City of Ottawa

Long Term Care Home and City: Peter D. Clark Centre, Ottawa

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s):
August 14 - 16, 19 - 23, 26 - 29, 2024.

The following intake(s) were inspected:

- Intake: #00123860 - PCI.

The following Inspection Protocols were used during this inspection:

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Medication Management
- Residents' and Family Councils
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Quality Improvement

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Residents' Rights and Choices
Pain Management

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: O. Reg. 246/22, s. 265 (1) 10.

Posting of information

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:
10. The current version of the visitor policy made under section 267.

On August 14, 2024, the visitor policy was not posted within the long-term care home. The Program Administration Clerk posted the visitor policy on that date.

Sources: Observation of the visitor policy and interview of Program Administration Clerk.

Date Remedy Implemented: August 14, 2024

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WRITTEN NOTIFICATION: Documentation

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee failed to ensure the provision of care set out in the plan of care for bathing a resident was documented.

Sources: Interview with a Personal Support Worker (PSW), Record:
August_2024_MDS Monitoring and Observation Record-Bathing.

WRITTEN NOTIFICATION: Doors in a home

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure doors leading to non-residential areas were kept closed and locked to restrict access by a resident to those areas when not being supervised by staff. Specifically, room-S-237-(staff Room), entry doors to the kitchen area on resident home area (RHA) Maple, room-N255-Nursing Supply Room, room- N142- (staff room), room-S125- (staff room).

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Sources: Observations by Inspector #000726 on August 14, 2024, which include four observation on resident home area (RHA)- Maple, one observation on RHA- Pine- one observation, RHA: Elm- one observation.

WRITTEN NOTIFICATION: Menu planning

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 77 (5)

Menu planning

s. 77 (5) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 246/22, s. 390 (1).

The licensee has failed to ensure that on a date in August 2024, the alternate planned menu choices were offered in pureed texture to any of the residents who required a pureed texture diet on the specified unit, at the lunch meal.

Sources: Review of the posted menu choices, observation of meal service, and interview of a Nutritional Care Aide, a Personal Support Worker (PSW), and the Dietary Supervisor.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

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s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to implement a standard issued by the Director. Specifically, the Infection Prevention and Control (IPAC) Standard for Long-Term Care homes, revised September 2023, Additional Requirement Under the Standard: 9.1, which stated that routine practices shall include the proper use of personal protective equipment (PPE), including appropriate selection and application.

A visitor was observed, not wearing the appropriate PPE for a resident who was placed on precautions. Signage was posted at the resident's bedroom door indicating the required PPE.

Sources: Review of the IPAC Standard for Long-Term Care homes, Additional Requirement Under the Standard: 9.1, revised September 2023, observation of a visitor, interview with a Registered Practical Nurse and Personal Support Worker.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,
(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

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The licensee has failed to ensure that when a resident had an infection, their symptoms were recorded on every shift.

Sources: Review of the Covid-19 Outbreak Line Listing for June 2024, the resident's health records, interview with the Infection Prevention and Control (IPAC) Nurse and a Registered Practical Nurse (RPN).