

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: January 7, 2025

Inspection Number: 2024-1510-0008

Inspection Type:

Complaint

Critical Incident

Follow up

Licensee: St. Patrick's Home of Ottawa Inc.

Long Term Care Home and City: St. Patrick's Home, Ottawa

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 16, 17, 18, 19, 20, 23, 24, 27, 2024

The following intake(s) were inspected:

- Intake: #00129042 - Follow-up #1 to Compliance Order (CO) #002 issued in inspection 2024-1510-0006, related to O. Reg. 246/22 - s. 12 (1) 3 with a Compliance Due Date (CDD) of November 20, 2024.
- Intake: #00129043 - Follow-up #1 to Compliance Order (CO) #003 issued in inspection 2024-1510-0006, related to O. Reg. 246/22 - s. 34 (1) 1 with a Compliance Due Date (CDD) of November 20, 2024.
- Intake: #00132392 - related to alleged resident to resident abuse.
- Intake: #00132463 - Complaint with concerns about a resident's quality of life.
- Intake: #00133057 - Complaint with concerns about a resident's care and hygiene.
- Intake: #00133251 - Complaint with concerns about a resident's injury.

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Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #002 from Inspection #2024-1510-0006 related to O. Reg. 246/22, s. 12 (1) 3.
Order #003 from Inspection #2024-1510-0006 related to O. Reg. 246/22, s. 34 (1) 1.

The following Inspection Protocols were used during this inspection:

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Documentation

NC #001 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.

a) The licensee has failed to ensure that the care set out in the plan of care was documented. Specifically, the licensee failed to document linen changes for a

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resident on several days in the month of November 2024. During an interview with the Assistant Director of Care (ADOC), they confirmed that documentation is required following the completion of the linen change.

Sources: Resident's electronic health record, Point Click Care-Reports-November 2024 Documentation Survey Report, and an Interview with the ADOC.

b) The licensee has failed to ensure that the care set out in the plan of care was documented. Specifically, the licensee failed to ensure the emptying of the catheter bag was documented in accordance with the plan of care. During an interview with a Personal Support Worker (PSW) and a Registered Practical Nurse (RPN), they confirmed that the catheter bag is scheduled to be emptied in the morning, after lunch, after supper and as needed by the PSW and documented in point click care.

Sources: Resident's record review and interviews with the RPN and PSW.

WRITTEN NOTIFICATION: Dealing with complaints

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

Non-compliance with: O. Reg. 246/22, s. 108 (1) 1.

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be

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commenced immediately.

The licensee has failed to ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation is investigated and resolved, and a response was provided within 10 business days of the receipt of the complaint. Specifically, email sent to the Associate Director of Care by a resident's Power of Attorney with concerns regarding their dining room seating did not receive a response from the home.

Sources: Interview with the Director of Care, e-correspondence from the complainant.



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

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