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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Public Report

Report Issue Date: May 23, 2025

Inspection Number: 2025-1510-0002

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): May 14-16, 20-23, 2025

The following intakes were completed in this Critical Incident (CI) inspection:
· Intake: #00141479 related to improper / Incompetent care of a resident by staff
· Intake: #00143615 related to verbal complaint related to potential abuse of resident
· Intake: #00144340 related to alleged sexual abuse resident to resident

The following intakes were completed in this follow-up inspection:
· Intake: #00142960 - Follow-up #: 1 to CO #001 related to O. Reg. 246/22 - s. 140 (2) with a compliance due date (CDD) of May 7, 2025
· Intake: #00142961 - Follow-up #: 1 to CO #002 related to FLTCA, 2021 - s. 6 (7) with a compliance due date (CDD) of May 7, 2025
· Intake: #00142959 - Follow-up #: 1 to Compliance Order (CO) #004 related to O. Reg. 246/22 - s. 58 (4) (c) with a compliance due date (CDD) of April 14, 2025

The following intakes were completed in this complaint inspection:

- Intake: #00141203 related to improper/incompetent care of a resident
- Intake: #00142120 related to alleged abuse of resident

Previously Issued Compliance Order(s)

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

Order #004 from Inspection #2025-1510-0001 related to O. Reg. 246/22, s. 58 (4) (c)

Order #001 from Inspection #2025-1510-0001 related to O. Reg. 246/22, s. 140 (2)

Order #002 from Inspection #2025-1510-0001 related to FLTCA, 2021, s. 6 (7)

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

Resident Care and Support Services
Medication Management
Responsive Behaviours
Prevention of Abuse and Neglect
Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty to protect

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

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee has failed to ensure that a resident was protected from neglect by a Registered Practical Nurse (RPN) from dates between February to March 2025.

Section 7 of the Ontario Regulation 246/22 defines neglect as "the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents."

On a date in February 2025, the Assistant Vice President (AVP) of Nursing and the Vice President (VP) of Nursing were informed that an RPN did not administer a resident's medication on 13 days between January and February 2025, as seen on video surveillance footage by an Inspector. While the internal investigation was ongoing, the RPN continued to work in the home, providing care to the resident until six days later in March 2025. Upon review of the Medication Administration Record (MAR), the RPN did not follow the home's guidance for care of the resident between February and March 2025 and falsified documentation.

Sources: Video surveillance footage between January - February 2025, resident's health care records, interview with VP of Nursing.

WRITTEN NOTIFICATION: Complaints procedure — licensee

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 26 (1) (a)
Complaints procedure — licensee
s. 26 (1) Every licensee of a long-term care home shall,
(a) ensure that there are written procedures that comply with the regulations for

initiating complaints to the licensee and for how the licensee deals with complaints;

The licensee has failed to ensure that the written procedures comply with the regulations for how the licensee deals with verbal complaints. Vice-President (VP) of Nursing indicated that they received a verbal complaint related to an allegation of staff to resident abuse. After the investigation was completed, a verbal response was provided to the complainant as per their understanding of the policy. The Complaint Management Policy I ADM F. 16.00, revised October 2023, does not include a procedure to provide a written response to verbal complaints.

Sources: Complaint Management Policy I ADM F. 16.00 and Interview with the VP of Nursing.

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 1.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The licensee has failed to immediately report to the Director a suspicion of improper care of a resident in February 2025 that resulted in risk of harm to the resident.

The home was notified by an Inspector in February 2025 of an allegation of improper care of the resident related to medication administration by an RPN. The Critical Incident Report (CIR) was submitted to the Director in March 2025, five days

after the home was made aware of the allegation.

Sources: Review of the CIR submitted by the home.