

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: November 22, 2023	
Inspection Number: 2023-1250-0009	
Inspection Type: Proactive Compliance Inspection	
Licensee: Bruyère Continuing Care Inc.	
Long Term Care Home and City: Élisabeth-Bruyère Residence, Ottawa	
Lead Inspector Joelle Taillefer (211)	Inspector Digital Signature
Additional Inspector(s) Linda Harkins (126)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 6, 7, 8, 9, 10, 14, 15, 2023.

The following intake(s) were inspected:

- Intake #00100334: Proactive Compliance Inspection

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Residents’ and Family Councils
- Medication Management
- Infection Prevention and Control
- Whistle-blowing Protection and Retaliation
- Prevention of Abuse and Neglect
- Quality Improvement
- Residents’ Rights and Choices

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Pain Management
Falls Prevention and 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)
FLTCA, 2021, s. 85 (3) (r)

The licensee has failed to ensure that the explanation of the whistle blowing protection was posted.

On November 6, 2023, Inspector #126 completed the initial tour and observed that the explanation of the whistle blowing protection was not posted.

Discussion held with Director of Care (DOC) #100 who indicated that the whistle blowing protection document was available and was posted within 30 minutes.

Sources: Observation and interview with DOC #100
[126]

Date Remedy Implemented: November 6, 2023

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
O. Reg. 246/22, s. 265 (1) 10.

The licensee has failed to ensure that the Visitors' policy was posted.

On November 6, 2023, Inspector #126 completed the initial tour and observed that the Visitor's Policy was not posted.

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Discussion held with DOC #100 who indicated that the policy was available and within 30 minutes, the Visitor's Policy was posted.

Sources: Observation and interview with DOC #100
[126]

Date Remedy Implemented: November 6, 2023

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure that the care set out in the plan of care was provided specifically related to a resident's diet.

Rationale and Summary

On a date in 2023, a resident's family member was observed to be feeding an identified food to the resident. The family member indicated that a Personal Care Assistant (PCA) gave them the nourishment to feed the resident.

The inspector reviewed the documentation and noted that the resident was on a different food diet texture.

Discussion held with the Registered Dietician (RD)#101 who indicated that the resident was on a different diet texture and that the identified food should not be given to the resident.

Discussion held with a PCA who indicated that they gave the nourishment to the family member to feed the resident without reviewing the type of diet for the resident. The resident's diet was modified to a different food diet texture on the identified date in 2023.

By not reviewing the diet as specified in the plan of care there was a risk of choking.

Sources: Observation and interviews with a PCA and RD#101
[126]

WRITTEN NOTIFICATION: Plan of Care

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

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

The licensee has failed to ensure that the provision of care that was set out in the plan of care related to bathing was not documented, specifically for a resident bathing for a period of fourteen days in 2023.

Rationale and Summary

Inspector #126 reviewed the bathing record for a resident for a month in 2023 and it was noted that there was no documentation related to bathing of the resident for a period of fourteen days.

Discussion held with Clinical Supervisor (CS) #119, who indicated that Personal Care Support (PCA) staff are supposed to document in the resident's record, if a bath is given or not, using the applicable codes such as B: bath, S: shower, BB: bed bath, (99) resident not available, (98) resident refused or (97) if it is not applicable. Therefore, CS #119 indicated that if residents are not given their bath for any of those reasons, it should be documented on the resident's bathing record.

By not documenting if a resident's bath was given, there is potential risk that the resident will not receive their bath as per schedule.

Sources: A resident's bathing record for an identified month in 2023 and interview with CS#119 [126]

WRITTEN NOTIFICATION: Nutritional care and hydration programs

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

Non-compliance with: O. Reg. 246/22, s. 77 (2) (a)

The licensee has failed to ensure that the menu cycle was reviewed with the Resident Council prior to being in effect.

Rationale and Summary

Resident Council minutes were reviewed for two identified dates in 2023 and there was no documentation that the menu cycle were reviewed by the Resident Council.

Interview held with Social Worker (SW) #104 who indicated that at the Resident Council meetings they have discussion about food and the residents express their concerns or any special request that is

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brought to the attention of the Dietary Services. SW #104 indicated that the menu cycle for 2023 was not reviewed with the Resident Council members.

Sources: Resident Council minutes and interview with SW #104.

[126]

WRITTEN NOTIFICATION: Drug destruction and disposal**NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 148 (2) 3.

The licensee has failed to comply with the written policy related to drugs which are to be destroyed and disposed of in a safe and environmentally appropriate manner.

Specifically, the licensee did not comply with their policy # Medication 07-02 “Narcotics and Controlled Substances” dated March 2021, which requires that controlled substances must be altered to the point that they are unfit for consumption, in which case they must be disposed of by placing them in the medical waste container.

Rationale and Summary:

On November 8, 2023, Inspector #211 observed a white medical waste container with an open lid in the locked medication room located on the 5th floor. The white medical waste container contained several different drugs that were to be destroyed and disposed of.

On November 8, 2023, the Director of Care (DOC) stated that their practice is: When a controlled substance tablet is offered but refused by a resident or when a controlled substance tablet was dropped on the floor, the controlled substance tablet was not discarded in the double-locked controlled substances box. Instead, the controlled tablet was crushed and disposed in the white medical waste container in the locked medication room.

On November 10, 2023, the Pharmacist stated that all controlled substances must be altered to the point that they are unfit for consumption, only then they may be disposed of in the white medical waste container.

As such, the licensee did not comply with their policy requiring that controlled substances must be altered to the point that they are unfit for consumption, and then disposed of by placing them in the medical waste container as these controlled substances may potentially constitute a health or theft



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

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hazard.

Sources: Licensee's policy "Narcotics and Controlled Substances" and interviews with the DOC and the Pharmacist.

[211]