

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: September 23, 2024

Inspection Number: 2024-1616-0003

Inspection Type:
Complaint
Critical Incident

Licensee: The Corporation of the County of Renfrew

Long Term Care Home and City: Miramichi Lodge, Pembroke

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 10, 11, 12, 13, 19, and 20, 2024

The following intake(s) were inspected:

- M621-000037-24- An alleged incident of resident to resident physical abuse.
- M621-000040-24- An alleged incident of resident to resident physical abuse.
- IL- 0130297-OT- A complaint involving smoking of residents.
- IL-0130499-OT- A complaint alleging neglect of a resident.

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect

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Responsive Behaviours

INSPECTION RESULTS

WRITTEN NOTIFICATION: Safe and Secure

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

Non-compliance with: FLTCA, 2021, s. 5

Home to be safe, secure environment

s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

The licensee has failed to ensure the home is safe and secure for the residents of the home on a specific day in the Month of May and June, 2024, when a specific resident exited the front door and propped it and/or held the door open while they went outside to smoke.

By not ensuring that the front door is secured and locked at all times placed the residents of the home at risk for elopement and physical harm.

Sources: Resident health care records, observations of front door, interviews with staff and the Director of Care.

WRITTEN NOTIFICATION: Failure to provide participation from substitute decision maker for implementation of plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (5)

Plan of care

s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

The licensee has failed to ensure that an identified resident's substitute decision maker was given the opportunity to participate fully in the development and implementation of the resident's plan of care when a change of health status was identified on the morning of a specific day in the month of July 2024.

Sources: Resident health care records, and interviews with staff.

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)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set out in the plan of care regarding dispensing and securing smoking materials for an identified resident. This places the resident at risk for unsafe smoking practices.



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

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Sources: Review of resident health care records, observations, and interviews with staff and the Director of Care.



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