

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: March 24, 2025

Inspection Number: 2025-1617-0003

Inspection Type:

Proactive Compliance Inspection

Licensee: City of Ottawa

Long Term Care Home and City: Garry J. Armstrong Home, Ottawa

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 11, 12, 13, 14, 17, 18, 19, 20, 21, 24, 2025

The following intake(s) were inspected:

- Intake: #00141948 - Proactive Inspection (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
- Residents' Rights and Choices

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Pain Management

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.

The licensee has failed to ensure that the provision of the care set out in the plan of care was documented.

Specifically, documentation related to a resident's specified care task was not documented on multiple occasions in February 2025.

Sources: A resident's health care records, interviews with staff members.

WRITTEN NOTIFICATION: Nutrition and Hydration

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

Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to

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nutritional care and dietary services and hydration;

The licensee has failed to ensure that the Nutritional Supplement-use and monitoring policy relating to nutritional care and dietary services and hydration, was implemented in consultation with Registered Dietitian (RD), who was a member of the staff of the home.

The home's RD indicated that they have not been consulted in the development and implementation of the Nutritional Supplements use and monitoring policy.

Sources: Nutritional Supplements-Use and Monitoring and Interview with Registered Dietitian.

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #003 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

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).

A- The licensee has failed to ensure the implementation of any standard or protocol issued by the Director with respect to infection prevention and control.

In accordance with the Infection Prevention and Control (IPAC) Standard: 9.1 b, the licensee shall ensure that routine practices and additional precautions are followed in the IPAC program. At a minimum, routine practices shall include hand hygiene, including, but not limited to, the four moments of hand hygiene.

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A day March 2025, a staff member provided specified care to a resident, then they changed their gloves without performing hand hygiene. On another day in March 2025,, a second staff member assisted resident with specified care, without performing hand hygiene and they provided the food item to a resident.

Sources: Observation and interview with staff members.

B- The licensee has failed to ensure the implementation of any standard or protocol issued by the Director with respect to infection prevention and control.

In accordance with the IPAC Standard for Long-Term Care Homes issued by the Director, revised September 2022, section 9.1(f) states at minimum, Additional Precautions shall include appropriate selection application, removal, and disposal of Personal Protective Equipment (PPE).

A day in March 2025, a staff member was observed performing a task in a resident's room without wearing face mask and eye protection, while the resident was resting in bed. An additional droplet precaution sign was posted at the door directed staff to wear face mask and eye protection.

On the same day, a second staff member was observed wearing gloves but the staff member was not wearing a gown, while providing a specified direct care to a resident. An additional contact precaution sign at the door directed staff to wear long-sleeves gown during direct care.

Sources: Inspector's observation. Interviews with staff members.