



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 13, 2017	2017_618211_0002	030392-16	Complaint

Licensee/Titulaire de permis

CITY OF OTTAWA

Community and Social Services, Long Term Care Branch 200 Island Lodge Road
OTTAWA ON K1N 5M2

Long-Term Care Home/Foyer de soins de longue durée

CENTRE D'ACCUEIL CHAMPLAIN
275 PERRIER STREET VANIER ON K1L 5C6

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

JOELLE TAILLEFER (211)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): February 16, 17, 21, 22, 23, 27, 28, 2017

During this inspection, intake #027818-16 related to Improper/Incompetent treatment during resident #001's transfer was inspected.

During the course of the inspection, the inspector(s) spoke with Administrator, Manager of Resident Care, Manager Recreation and Leisure, Social Worker, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Physiotherapist Assistant, Volunteer member, and a family member.

The inspector also conducted a tour of the resident care areas, reviewed residents' health care records, reviewed the following home's policies and procedures (Defective Equipment Procedures, Lifting and Transferring Program), reviewed the Operating and Product Care Instructions Manual for the standing lift, and staff schedules.

**The following Inspection Protocols were used during this inspection:
Hospitalization and Change in Condition
Personal Support Services
Safe and Secure Home**

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 23. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions. O. Reg. 79/10, s. 23.

Findings/Faits saillants :

1. The licensee has failed to ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions when a resident needs to be transfer with a standing lift.



Review of resident #001 Critical Incident Report on an identified date, indicated that the resident sustained an injury during a transfer with the standing lift on an identified date.

Resident #001 was admitted on an identified date, diagnosed with multiple health issues. The written plan of care on an identified date, indicated to transfer the resident with a standing lift.

The resident's health care report on an identified date, indicated resident #001 sustained an injury during a transfer from the resident's bed to the wheelchair with a standing lift and was sent to the hospital on the same day. The resident's progress notes indicated that the resident returned from the hospital on an identified date.

Review of the Physiotherapy Revision Assessment form on two identified dates, indicated that resident #001 was assessed as being non-weight bearing. Furthermore, the above assessment form under "Physiotherapy Functional Mobility Profile" indicated that the resident was a total assist for the sit/stand and standing balance.

The home policy #350.05 titled "Lifting and Transferring Program" reviewed on August 2016, stated:

"Each resident shall be assessed for an appropriate method of lift/transfer on admission and reviewed quarterly with the RAI assessment and with any significant change of resident transfer status. Additionally, involvement of another health care professional may be necessary (e.g Physiotherapist to confirm amount of weight bearing ability)". The assessed method of lifting or transferring a resident safely shall be identified in their plan of care. Any changes to the assessed method of lifting or transferring a resident shall be communicated to other members of the care team and the care plan and logo updated". Furthermore, the policy indicated to use a standing lift with two staff assist when resident is able to partially weight bare and if the resident arms can be raised above shoulder level without pain. One staff member operates the mechanical lift while the second member guides and protects the resident.

Review of the "Arjo Operating and Product Care Instruction Manual" for the Sara 3000 standing lift indicated a warning that an assessment must be made for each individual resident by a medically qualified person as to whether the resident requires the lower leg straps when using the standing sling. Furthermore, the "Arjo Operating and Product Care Instruction Manual" indicated that the standing lift is intended to be used when the resident is able to partially bear weight on at least one leg.



The Resident Assessment Instrument- Minimum Data Set (RAI-MDS) quarterly assessment completed on an identified date, indicated that the resident's performance for transfer was a total dependence, the mode of transfer was mechanic lift, and there was no change in the resident's activity of daily living (ADL) since the last RAI-MDS assessment.

Interview with a family member on an identified date, revealed that resident #001 had sustained an injury during a transfer on an identified date.

Interviews with PSW #102, and PSW #104 on February 17, 2017, indicated that the resident sustained an injury while transferring the resident with the assistance of two PSWs from the bed to the wheelchair using the standing lift. PSW #102 and #104 indicated that the resident's leg slipped from the lift to the floor and the leg hit the resident's wheelchair. PSW #102 and #104 stated that the resident's leg slipped off the standing lift because the straps to hold resident's leg was missing.

Interviews with RN #103 on February 17, 2017 and the Program Manager and Resident Care on February 21, 2017, acknowledged that the standing lift was missing the legs' straps when resident #001 was transferred.

Interview with the Physiotherapist on February 27, 2017, revealed that the standing lift was not the appropriate choice of transfer for resident #001 since his "Physiotherapist Revision Assessment" on an identified date, indicated that the resident was assessed as being non-weight bearing. The Physiotherapist stated that: "it was the responsibility of the nursing staff to decide the appropriate type of lift for the resident".

Interview with RN #108 on February 27, 2017, stated that the resident was using the standing lift prior the Resident Assessment Instrument- Minimum Data Set (RAI-MDS) quarterly assessment completed on an identified date. The mode of transfer was still to transfer the resident with a standing lift as there was no change in the resident health condition since the last MDS quarterly assessment. RN #108 indicated that their lift assessment is performed by using the RAI-MDS.

The licensee has failed to ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions when a resident needs to be transfer with a standing lift. [s. 23.]



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Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions when a resident needs to be transfer with a standing lift, to be implemented voluntarily.

Issued on this 13th day of March, 2017

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.