Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux 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 # / No de registre	Type of Inspection / Genre d'inspection
Jul 21, 2021	2021_583117_0013	008086-21	Critical Incident System

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

LYNE DUCHESNE (117)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): May 25, 26, 27, 28 & 31, June 1, July 7, 8, 14 and 15, 2021

This inspection relates to Log #: 008086-21 - a Critical Incident (CI #M511-000011-21) alleging staff to resident physical abuse.

During the course of the inspection, the inspector(s) spoke with the Administrator, Program Managers for Personal Care and Resident Care, Environmental Services Manager (ESM), Infection Control Lead, several Registered Nurses (RNs), several Registered Practical Nurses (RPNs), several Personal Support Workers (PSWs), Housekeeping staff, residents and family members.

During the course of the inspection, the inspector(s) reviewed several resident health care records, observed several lunch time meal services, observed provision of resident care and services, reviewed licensee investigation notes, reviewed medication administration records, observed and reviewed infection control practices and reviewed air temperature monitoring documentation.

The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours
Safe and Secure Home

During the course of this inspection, Non-Compliances were issued.
- **1 WN(s)**
- **0 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 21. Air temperature

Specifically failed to comply with the following:

s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:
1. At least two resident bedrooms in different parts of the home. O. Reg. 79/10, s. 21 (2).

s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:
2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor. O. Reg. 79/10, s. 21 (2).

s. 21. (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. O. Reg. 79/10, s. 21 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that the temperature was measured and documented in writing in at least two resident bedrooms in different parts of the home, in one resident common area on every floor of the home, which may include a lounge, dining area, or corridor and documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

On July 14 and 15, 2021, a review of the home's air temperature monitoring system was done. The Environmental Services Manager (ESM) informed the inspector that the home has a central air conditioning system. The home started to monitor and document the air temperatures as of June 14, 2021 in the following locations:
- two resident bedrooms, in different parts of the home,
- in one resident common area on every floor of the home, which may include a lounge, dining area, or corridor
- at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night

As such, there was a potential risk to residents of being impacted by elevated temperatures within the home as air temperatures were not monitored and documented as per legislated requirements between May 15 and June 14, 2021.

Sources: Interviews ESM and Administrator, temperature documentation, email correspondence. [s. 21. (2) 1.]

Issued on this 26th day of July, 2021

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

Original report signed by the inspector.