

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 20, 2025

Inspection Number: 2025-1537-0002

Inspection Type:

Critical Incident

Licensee: City of Ottawa

Long Term Care Home and City: Centre d'Accueil Champlain, Vanier

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 17-20, 2025

The following intake(s) were inspected:

- Intake: #00138224 / M511-000009-25 - related to a respiratory outbreak
- Intake: #00141598 / M511-000010-25 - related to a respiratory outbreak

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

Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Reports re critical incidents

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

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Non-compliance with: O. Reg. 246/22, s. 115 (1) 5.

Reports re critical incidents

s. 115 (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (5):

5. An outbreak of a disease of public health significance or communicable disease as defined in the Health Protection and Promotion Act.

The licensee has failed to ensure that the Director was immediately informed, in as much detail as is possible in the circumstances, an outbreak of a disease of public health significance or communicable disease as defined in the Health Protection and Promotion Act.

During an interview on a specific date, the Infection Prevention and Control Lead had acknowledged and confirmed that they failed to immediately report a respiratory outbreak to the Director. The outbreak was reported to the Director seven days after it was declared.

Sources: interview with IPAC Lead , review of the submitted Critical Incident report.