



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

**Rapport d'inspection  
prévus le *Loi de 2007  
les foyers de soins de  
longue durée***

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

Ottawa Service Area Office  
347 Preston St., 4<sup>th</sup> Floor  
Ottawa ON K1S 3J4

Bureau régional de services d'Ottawa  
347, rue Preston, 4<sup>ième</sup> étage  
Ottawa ON K1S 3J4

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

Telephone: 613-569-5602  
Facsimile: 613-569-9670

Téléphone: 613-569-5602  
Télécopieur: 613-569-9670

Division de la responsabilisation et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
conformité

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<b>Date(s) of inspection/Date de l'inspection</b> September 9, 2010	<b>Inspection No/ d'inspection</b> 2010_134_9511__09Sep092442	<b>Type of Inspection/Genre d'inspection</b> Complaint – log # O-00147
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**Licensee/Titulaire**

City of Ottawa, Long-Term Care Branch, 275 Perrier Ave, Ottawa, ON K1L 5C6  
Fax: 613-746-5572

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

Centre D'Accueil Champlain 275 Perrier, Ottawa, Ontario K1L 5C6

**Name of Inspector(s)/Nom de l'inspecteur(s)**

Colette Asselin # 134 and Lyne Duchesne # 117

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a complaint inspection related to care and services provided to a resident.

During the course of the inspection, the inspectors spoke with the Director of Nursing, the evening Nursing Coordinator, 4 Personal Support Workers (PSW) and the unit charge nurse.

During the course of the inspection, the inspectors reviewed one resident's Health Care Records as well as the Home's Policy # 355.08 related to safe repositioning of residents while in wheelchair,

The following Inspection Protocols were used during this inspection:

1. Personal Support Services
2. Continence Care and Bowel Management.

Findings of Non-Compliance were found during this inspection. The following action was taken:

1 WN  
1 VPC



NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

- WN – Written Notifications/Avis écrit
- VPC – Voluntary Plan of Correction/Plan de redressement volontaire
- DR – Director Referral/Régisseur envoyé
- CO – Compliance Order/Ordres de conformité
- WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constitue un avis écrit de l'exigence prévue au paragraphe 1 de la section 152 de la loi sur les foyers de soins de longue durée.

Le non-respect des exigences selon la Loi des foyers de soins de longue durée 2007 fut trouvé. (Une exigence dans la loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: THE LICENSEE HAS FAILED TO COMPLY WITH THE Long-Term Care Homes Program Manual Standards and Criteria.

Criterion M1.18 - The facility's policies, procedures, and work routines shall be followed in the provision of care and services. Staff shall be re-instructed when required.

Findings:

1. One resident was wheelchair bound. She required a 2 person transfer using a mechanical lift from bed to chair and visa versa. She also required assistance with repositioning following her transfer.
2. Policy and Procedure no 355.08 was last revised November 2008 and it stipulates that a lifting sheet is to be used to reposition a wheelchair bound resident unable to help.
3. PSW interviewed on Sept 9, 2010 state they did not follow the home's policy no 355.08 when they repositioned this resident in the wheelchair.
4. As a consequence, on June 14 the resident was repositioned in the wheelchair without the use of the lifting sheet. Shortly after the resident was found sliding out of the wheelchair and sustained injuries.

VPC- pursuant LTCHA, 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 be implemented voluntarily. The home is to prepare a plan for achieving compliance in meeting the requirement that policy and procedure no 355.08 related to repositioning of residents in wheelchair is complied with or revised as necessary.

Inspector ID #: # 117 and # 134

Signature of Licensee or Representative of Licensee  
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.

Title:

Date:

Date of Report: September 29, 2010