



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

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

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

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

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 26, 2015	2015_381592_0023	O-002204-15	Complaint

Licensee/Titulaire de permis

THE OTTAWA JEWISH HOME FOR THE AGED
10 Nadolny Sachs Private Ottawa-Carleton ON K2A 4G7

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

HILLEL LODGE
10 NADOLNY SACHS PRIVATE OTTAWA ON K2A 4G7

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

MELANIE SARRAZIN (592)

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): September 30, October 01 and 02, 2015

This inspection was in relation to a complaint Log #O-002204-15

During the course of the inspection, the inspector(s) spoke with Director of Nursing, the Co-ordinator of Quality Management, the Director of Social Work/Program and Support Services, registered and non registered nursing staff, maintenance worker and housekeeper.

The inspector also reviewed the Bowel Management Program Policy, the Bowel Protocol Nursing Policy, the Environmental2014/Housekeeping/ntdd Notice of transfer/discharge and death Policy, the Environmental2014/housekeeping/discrr Discharge cleaning of resident room Policy and Resident Health Care Records.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Maintenance
Admission and Discharge
Contenance Care and Bowel Management
Dining Observation
Hospitalization and Change in Condition
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Safe and Secure Home
Skin and Wound Care**

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

**2 WN(s)
0 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. 51. Continence care and bowel management

Specifically failed to comply with the following:

- s. 51. (1) The continence care and bowel management program must, at a minimum, provide for the following:**
- 2. Treatments and interventions to prevent constipation, including nutrition and hydration protocols. O. Reg. 79/10, s. 51 (1).**

Findings/Faits saillants :

- 1. The licensee has failed to ensure that resident #001 was provided treatments and



interventions to prevent constipation, including nutrition and hydration protocols.

An inspection was conducted following a complaint reporting that nursing staff members had not followed the resident's bowel management protocol which led resident #001 to develop severe constipation.

Upon review of resident #001 health care record it is noted that upon admission, the resident was diagnosed as having a history of constipation. Upon review of Daily flow sheets from October 2014 to December 2014 it was noted that there was no documented record of resident #001 having had bowel movements for the following dates:

- October 08, 2014 to October 12, 2014 (total of 5 days)
- October 14, 2014 to October 21, 2014 (total of 8 days)
- October 30, 2014 to November 04, 2014 (total of 6 days)

The home's policy "Bowel Management program 2011/BMP", issued on 05/09/2011, was given to Inspector #592 by the home's Quality Management Coordinator on October 01, 2015, indicated the following:

Under Procedure

The RN/RPN will:

7. Report to Registered Dietician any resident who exhibits either constipation or diarrhea for longer than 3 days and any resident requiring suppositories on a regular basis.

The PSW will:

1. Monitor each resident's bowel movements using the daily flow sheets.
2. Report to RPN/RN any resident who is day 3 without a bowel movement or who has had a change in bowel regularity.

The home's Policy "Bowel protocol Nursing 2011/BP", issued on 09/21/2009 and reviewed on 11/14/2011, was given to inspector #592 by the home's Quality Management Coordinator on October 01, 2015, indicated the following:

Under Decision Algorithm

Day 3 : Give glycerine suppository; if no effect, follow with a fleet enema.

Upon review of the medication administration records for October 2014 and November



2014, it is noted that no documentation was found regarding the administration of glycerine suppositories and fleet enema as identified in the resident's bowel management protocol.

Upon review of the Progress notes for October 2014 and November 2014, there was no documentation found related to any other bowel management treatment or intervention in regards to resident #001's constipation.

In an interview on October 01, 2015, the RN informed Inspector #592 that the home has a bowel protocol in place for all nursing staff members to follow. She told inspector #592 that PSW are to monitor and document residents bowel movements on a daily basis and that RN/RPN will monitor the documentation obtained by PSW. RN #104 added that after 3 days with no bowel movements, residents are to be assessed and administered a glycerin suppository. If the intervention is not effective, the resident is reassessed and a fleet enema will be administered the following day.

RN #104 told inspector #592 that she does recall a time when Resident #001 did have 3 days with no bowel movements. At that time the resident's family requested to review the resident's bowel management interventions. The RN further stated that since November 2014, the resident has a new bowel management protocol that is effective.

On Oct 5, during a telephone interview, the DOC confirmed the home's bowel management protocol. She told inspector #592 that she had investigated concerns with the resident's bowel management interventions, that resident did have episodes of no BM for 8 days, based on chart documentation. She further added that it was poor documentation and that she would expect the results upon suppository or fleet administration documented in the Medication Administration Records. She told inspector #592 that it was impossible for the home to know if Resident #001 had received treatment and interventions without the support of the documentation. [s. 51. (1) 2.]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services



Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that, (b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :

1. As part of the organized program of maintenance services, the licensee has failed to ensure that, there are schedules and procedures in place for routine, preventive and remedial maintenance.

On May 23, 2015, Resident #001 was moved from a semi private room to a basic accommodation room. Following the internal transfer, concerns from family members were sent in writing to the home on May 26, 2015 regarding resident #001's room condition at the time of the transfer. The concerns were about uncovered outlets and electrical wires sticking out beside the resident's bed and pieces of debris and dust littered the room. The home had sent a response in writing to the family members on May 29, 2015, apologizing for the condition of the room.

In an interview on October 01, 2015, housekeeping #102 told inspector #592 that upon a new admission, discharge or internal transfers, the nurses will communicate with the housekeeping department in order for them to do a deep clean of the room before residents' arrival to their new room.

In an interview on October 01, 2015, maintenance worker #101 told inspector #592 that upon a resident transfer, admission or discharge, he is responsible to ensure that the available room is safe and functional. This includes fixing any reported and non-reported disrepair in the room. He further told inspector #592 that each room is verified before any resident is admitted or transferred into the room. Maintenance worker #101 told inspector #592 that after the room is verified, a report is completed and filed. He also told inspector #592 that before they move resident's furniture's, they call housekeeping to do a clean-up. He further told inspector #592 that he did verify resident #001's room prior to the move into the new room and did not find any safety issues or disrepair. S#101 told inspector #592, that he was not able to find any record of the report done on May 23, 2015 following the verification of resident #001's room.



The home Policy "Environmental2014/Housekeeping/ntdd Notice of transfer/discharge and deaths", issued on 02/23/2011 and reviewed on the 05/01/2014 was given to inspector #592 by the home's Quality Management Coordinator on October01, 2015, indicated the following:

Under procedures:

The Director of Environmental Services will:

1. Notify housekeeping staff and request a deep cleaning of the room
2. Director of Environmental Services or social services worker will check the room for presentation and cleanliness before admission of a new resident to the room
3. Notify maintenance if repairs are required prior to move in

The home Policy "Environmental2014/housekeeping/discrr Discharge cleaning of resident room", issued on 02/24/2011 and reviewed on 05/01/2014, was given to inspector #592 by the home's Quality Management Coordinator on October 01, 2015, indicated the following:

All resident rooms will be thoroughly cleaned after discharge and before occupancy.

In an interview on October 02, 2015, the Co-ordinator of Quality Management, told inspector #592 that she is the person responsible to inform housekeeping and maintenance staff when internal room transfers , admissions or discharges are occurring within the home. She told inspector #592 that housekeeping staff are to do a deep cleaning of the room. Once the room is clean, the maintenance worker goes in and does a verification of the room. Once this is done, the resident is admitted / transferred to the newly cleaned and repaired room. She further added that maintenance workers have a check list to complete prior to moving the resident. The Co-ordinator of Quality Management told inspector #592 that the procedures in place for the transfer of resident #001 had not been followed by the housekeeping and the maintenance workers on May 23, 2015. In addition, she further added that all resident #001's furniture's had been completely pushed completely in the room in just one place leaving resident #001's room in a poor condition. [s. 90. (1) (b)]



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Issued on this 26th day of October, 2015

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

Original report signed by the inspector.