



**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**

**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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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 15, 2016	2016_384161_0004	O-002781-15	Complaint

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### **Licensee/Titulaire de permis**

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

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

HILLEL LODGE  
10 NADOLNY SACHS PRIVATE OTTAWA ON K2A 4G7

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

KATHLEEN SMID (161)

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## **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): January 14, 15, 2016**

**During the inspection the inspector(s) observed an identified Resident, reviewed the identified Resident's health care records, nursing staff rotation and the winter menu.**

**During the course of the inspection, the inspector(s) spoke with an identified Resident and their Substitute Decision Maker, RAI Coordinator, Personal Support Worker, Registered Practical Nurse, Director of Food Services, Manager of Finance, Director of Social Work, Programs and Support Services/Admissions and the Director of Nursing.**

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

**Falls Prevention**

**Hospitalization and Change in Condition**

**Medication**

**Nutrition and Hydration**

**Personal Support Services**

**Resident Charges**

**Sufficient Staffing**

**During the course of this inspection, Non-Compliances were not issued.**

**0 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>

Issued on this 15th day of January, 2016

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

**Original report signed by the inspector.**