



**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**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 16, 2018	2018_505103_0021	009391-18, 009673-18, 011444-18	Complaint

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

The Ottawa Jewish Home for the Aged  
10 Nadolny Sachs Private OTTAWA 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**

DARLENE MURPHY (103)

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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): July 19-20, 23-26, 2018.**

**Log #009391-18-complaint related to resident care,  
Log #009673-18-complaint related to resident care,  
Log #011444-18-complaint related to resident care.**

**During the course of the inspection, the inspector(s) spoke with residents, family members, Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), RAI coordinator, Physiotherapy assistant, Social Worker, Director of Care and the Administrator.**

**During the course of the inspection, the inspector conducted a tour of all resident areas of the home, reviewed resident health care records including progress notes, physician orders, plans of care, lab reports and medication administration records, observed resident care, staff to resident interactions, resident fall prevention measures and resident dining, reviewed Family Council minutes and the home's responses to questions raised by Family Council, reviewed staffing schedules and the home's complaint process.**

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

**Contenance Care and Bowel Management  
Dignity, Choice and Privacy  
Dining Observation  
Falls Prevention  
Family Council  
Personal Support Services  
Quality Improvement  
Reporting and Complaints  
Sufficient Staffing**

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

**4 WN(s)  
4 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

Legendé

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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**



**Specifically failed to comply with the following:**

**s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**  
**(a) the planned care for the resident; 2007, c. 8, s. 6 (1).**  
**(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**  
**(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure the written plan of care for resident #002 provided clear direction to staff and others who provided direct care to the resident.

Resident #002 was admitted to the home in an identified year. RPN #100 was interviewed and indicated they worked on the unit on a regular basis. They stated the resident required three identified positioning aids to promote resident comfort and the aids had been discussed with the resident's family and physiotherapy.

PSW #113 was interviewed and indicated they were not as familiar with resident #002's positioning needs as they did not always work on this resident care area. The PSW stated they were aware of two of the identified positioning aids, but not aware of the third positioning aid.

The resident's plan of care in place, at the time of this inspection, was reviewed and there was no documentation found that outlined these required interventions. [s. 6. (1) (c)]

2. The licensee has failed to ensure care set out in the plan of care was provided to the resident as specified in the plan.

On an identified date, resident #002's family member entered the resident room and found the resident seated on the toilet with the lift positioned in front of them. There were no staff in the room at that time. The resident's wheelchair cushion and pad was observed by the family member to be saturated in urine.



The resident's plan of care in effect at the time of this inspection was reviewed related to continence and toileting. The plan indicated to check the resident at least every two hours for the purposes of continence, that the resident used a continence product and outlined the resident's toileting schedule. Additionally, the plan indicated the resident was not to be left unattended during toileting for reasons of safety.

The DOC was interviewed in regards to this incident. They stated they had been made aware of the incident at the time and had gone to the resident's room upon the request of the family member. The DOC stated the resident was not to be left unattended while on the toilet and the resident's wheelchair cushion had an obvious odour of urine indicative of incontinence.

The licensee failed to ensure resident #002's plan of care was provided to the resident as outlined in the plan. [s. 6. (7)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 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 ensure resident #002's written plan of care is revised to include positioning and comfort devices required and to ensure care is provided to resident #002 as outlined in the plan of care, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services**

**Specifically failed to comply with the following:**

**s. 31. (2) Every licensee of a long-term care home shall ensure that there is a written staffing plan for the programs referred to in clauses (1) (a) and (b). O. Reg. 79/10, s. 31 (2).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure there is a written staffing plan for the nursing services and personal support services.

During a review of the home's staffing schedules for nursing and personal care services, the inspector requested a copy of the home's staffing plan. The DOC was interviewed and stated the home does not have anything in writing in regards to a staffing plan and was unaware of the legislated requirement in regards to a staffing plan. The DOC reviewed the home's staffing complement for all three shifts with the inspector and indicated at this time, the staff schedule is utilized to fill shifts that are empty as a result of vacation, sick time, and any other absences. [s. 31. (2)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 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 ensure a written staffing plan is developed that includes all of the legislated requirements, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training**



**Specifically failed to comply with the following:**

**s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:**

- 1. The Residents' Bill of Rights. 2007, c. 8, s. 76. (2).**
- 2. The long-term care home's mission statement. 2007, c. 8, s. 76. (2).**
- 3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents. 2007, c. 8, s. 76. (2).**
- 4. The duty under section 24 to make mandatory reports. 2007, c. 8, s. 76. (2).**
- 5. The protections afforded by section 26. 2007, c. 8, s. 76. (2).**
- 6. The long-term care home's policy to minimize the restraining of residents. 2007, c. 8, s. 76. (2).**
- 7. Fire prevention and safety. 2007, c. 8, s. 76. (2).**
- 8. Emergency and evacuation procedures. 2007, c. 8, s. 76. (2).**
- 9. Infection prevention and control. 2007, c. 8, s. 76. (2).**
- 10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities. 2007, c. 8, s. 76. (2).**
- 11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure all staff at the home received training in the areas required by this section which include:
  1. The Residents' Bill of Rights.
  2. The long-term care home's mission statement.
  3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
  4. The duty under section 24 to make mandatory reports.
  5. The protections afforded by section 26.6.
  6. The long-term care home's policy to minimize the restraining of residents.
  7. Fire prevention and safety.
  8. Emergency and evacuation procedures.
  9. Infection prevention and control.
  10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
  11. Any other areas provided for in the regulations.





The LTCHA, 2007, s. 2 (1) defines “staff” as a person who works at the home,

- a) As employees of the licensee,
- b) Pursuant to a contract or agreement with the licensee, or
- c) Pursuant to a contract or agreement between the licensee and an employment agency or other third party.

The DOC was interviewed in regards to the home’s staffing levels. The July 2018 nursing and personal support schedule was reviewed with the DOC. They indicated that during the month of July, the home had utilized Personal support workers (PSW) provided by an agency to cover thirteen shifts that could not be covered by their regular PSW staff. The DOC indicated these shifts were available as a result of either sick time or vacation time. The DOC indicated the home was attempting to hire regular PSW’s, but had no suitable applicants at this time.

The DOC indicated the home utilized one agency to provide the PSW staff, but they were not always able to provide the same PSW’s that may be familiar with the residents and the home. The DOC stated, the registered staff member on the resident care area would be responsible for reviewing the residents to be assigned to the agency PSW at the start of their shift and would monitor the PSW’s throughout their shift.

The DOC was asked what specific training was given to the agency provided PSW’s that worked in the home and they indicated none. [s. 76. (2)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 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 ensure training is provided as outlined in the legislation for all staff providing direct resident care, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints**





Specifically failed to comply with the following:

**s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,**

**(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).**

**(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).**

**(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).**

**(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).**

**(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).**

**(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure a documented record was kept in the home that included all of the legislated requirements under O. Reg 79/10, s. 101 (2).

This inspector reviewed the home's complaints process and requested a copy of the home's documented record of complaints. The Director of Care and the RAI coordinator were interviewed in regards to this record and both indicated the home does not have a documented record of complaints that includes all of the legislated requirements. [s. 101. (2)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 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 ensure a documented record of complaints is kept in the home that includes all legislated requirements, to be implemented voluntarily.***



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**Issued on this 18th day of September, 2018**

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

**Original report signed by the inspector.**