

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
soins de longue durée
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Apr 30, 2020	2020_665551_0007	001895-20, 002083- 20, 003007-20	Complaint

Licensee/Titulaire de permisThe Ottawa Jewish Home for the Aged
10 Nadolny Sachs Private OTTAWA 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**

MEGAN MACPHAIL (551), PAULA MACDONALD (138)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): March 9-13, 2020.

The following logs were inspected:

003007-20 related to concerns about the care of a resident.

002083-20 related to concerns about the care of a resident.

001895-20 related to the licensee's response to a complainant.

During the course of the inspection, the inspector(s) spoke with Personal Support Workers, Registered Nursing Staff, the Registered Dietitian, the Scheduling Co-ordinator, a Nurse Practitioner, the Assistant Director of Nursing, the Director of Nursing and the Chief Executive Officer.

During the course of the inspection, the inspector(s) reviewed residents' health care records and the licensee's complaints procedure and made observations related to the provision of care to the residents.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Nutrition and Hydration

Reporting and Complaints

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

1 WN(s)

1 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>Légende</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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

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 that the care set out in the plan of care was provided to the resident as specified in the plan of care.

Resident #002 has a specific bowel protocol in place.

Reports from the electronic health care record for a specified period of time were reviewed for resident #002 relating to bowel movements. These reports document that the resident was without a bowel movement for a specified number of days on two occasions. No drugs listed in the bowel protocol were provided to the resident during these times.

Discussion was held with the Director of Nursing #101 who stated that they were of aware of concerns related to management of bowel care for resident #002 and that actions have already been taken. [s. 6. (7)]

2. The licensee has failed to ensure that the care set out in the plan of care was provided to resident #004 as specified in the plan of care.

Resident #004 has a specific bowel protocol in place.

Reports from the electronic health care record for a specified period of time were reviewed for resident #004 related to bowel movements. These reports document that the resident was without a bowel movement for a specified number of days on three occasions. No drugs listed on the bowel protocol were provided to the resident during these times.

In an interview with RPN #109 they indicated that after a resident does not have a documented bowel movement for three days, the electronic charting system generates an alert for the registered staff so that they can assess the resident. [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 that care, related to bowel management, is provided to resident #002 and resident #004 as specified in the plan, to be implemented voluntarily.

Issued on this 1st day of May, 2020

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

Original report signed by the inspector.