

**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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<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>
Jan 11, 2022	2021_730593_0005	012114-21, 014644- 21, 017589-21	Complaint

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**Licensee/Titulaire de permis**The 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**

GILLIAN CHAMBERLIN (593)

**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): December 13, 14, 20, 21, 2021.**

**Complaint log's #012114-21, 014644-21 and 016104-21 were inspected related to personal care and services.**

**During the course of the inspection, the inspector(s) spoke with the inspector(s) spoke with the Director of Care (DOC), Assistant Director of Care (ADOC), Registered Nursing staff, Personal Support Workers (PSW), Restorative Care staff, Housekeeping and residents.**

**The Inspector also observed the provision of care and services to residents and reviewed relevant health care records.**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management  
Infection Prevention and Control  
Personal Support Services**

**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 O.Reg 79/10, s. 229. Infection prevention and control program**

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

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home's Infection Prevention and Control program was followed by staff in accordance with evidence-based practices, specifically related to assisting residents to perform hand hygiene before and after meals.

Evidenced-based practice indicates that staff should assist residents to perform hand hygiene before and after meals. On December 14 and 21, 2021, the lunch meal service observations revealed resident hands were not cleaned before or after the meal service. The DOC indicated that it is the responsibility of the PSWs to ensure that residents hands are washed before and after meals.

Lack of hand hygiene increases the risk of disease transmission among residents and staff.

Sources: Public Health Ontario- Best Practices for Hand Hygiene in all Health Care Settings, 4th edition (April 2014), observation of meal service, interview with the DOC and other staff [s. 229. (9)] [s. 229. (4)]

***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 ensuring that all staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.***

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**Issued on this 12th day of January, 2022**

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

**Original report signed by the inspector.**