

**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  
Inspection de 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 19, 2022	2021_770178_0026	000201-22, 000463-22	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**

SUSAN LUI (178)

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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): December 14-17, 20-24, 2021, January 5-7, 10-14, 2022.**

**The following intakes were completed in this Complaint inspection:**

**Log #014644-21, related to nutrition and hydration and personal support services;  
Log #000201-22 and Log #000463-22, CIS#3029-000001-22 related to alleged neglect  
and falls prevention and management.**

**During the course of the inspection, the inspector(s) spoke with the Director of  
Care (DOC), Assistant Director of Care, Staff Education Coordinator, Registered  
Nurse, Registered Practical Nurses (RPNs), Personal Support Workers, Dietary  
Aide, Physician, and residents.**

**During the course of the inspection the writer observed resident and staff  
interactions, meal and snack service, infection prevention and control practices,  
and reviewed clinical health records, staff training records, relevant home policies  
and procedures, and other pertinent documents.**

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

**Falls Prevention**

**Infection Prevention and Control**

**Nutrition and Hydration**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

**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. 49. Falls prevention and management**

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

**s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that when a resident fell, a post-fall assessment was conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

When a resident falls, the registered staff on duty is expected to complete a post fall assessment using the incident reporting system on Point Click Care. A resident sustained multiple falls. After two of the resident's falls, a post fall assessment was not conducted using a clinically appropriate assessment instrument specifically designed for falls. The RPN who was working at the time of the two falls, indicated that they were unsure of how to fill out the post fall assessment portion of the home's incident report, which included an assessment of physiological and situational factors which may have contributed to cause the fall. This posed a risk of harm to the resident, as the post fall assessment instrument can assist staff to identify factors which contributed to the fall, thereby enabling them to better determine interventions to prevent future falls.

Sources: A resident's clinical health records and the licensee's incident reports; interviews with an RPN and the DOC. [s. 49. (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 that when a resident falls, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls, to be implemented voluntarily.***

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**Issued on this 20th day of January, 2022**

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

**Original report signed by the inspector.**