Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: April 23, 2024

Inspection Number: 2024-1523-0002

Inspection Type:
Proactive Compliance Inspection

Licensee: The Ottawa Jewish Home for the Aged

Long Term Care Home and City: Hillel Lodge, Ottawa

Lead Inspector	**Inspector Digital Signature**
Megan MacPhail (551)	Megan K MacPhail Digitally signed by Megan K MacPhail Date: 2024.05.02 08:51:45 -04'00'

Additional Inspector(s)
Margaret Beamish (000723)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 22, 25, 26, 27 and 28, 2024, and April 2, 3, and 9, 2024.

The following intake(s) were inspected:
Intake: #00111867 was related to a Proactive Compliance Inspection.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Medication Management
Residents' and Family Councils
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
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.

The licensee has failed to ensure that the care set out in the plan of care, specifically related to a resident's recommended fluid consistency, was provided to the resident as specified in the plan.

Rationale and Summary

A resident was observed drinking regular consistency fluids in the dining room. A Personal Support Worker (PSW) stated that PSWs were responsible for serving beverages and looked at a resident's Kardex, which was part of the plan of care, to know what diet order to follow.

The resident's plan of care and most recent assessment by the Registered Dietitian (RD) indicated that they required a specific consistency of thickened fluids.

A Dietary Aide and the RD acknowledged that the resident was to receive thickened fluids as per their current diet order.

Failure to follow the resident's plan of care resulted in them being served a fluid consistency that was contrary to their assessed need, placing them at risk of harm.

Sources: A resident's health records, observations and interviews with a Dietary Aide and RD. [000723]

COMPLIANCE ORDER CO #001: Doors in a home

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.
Doors in a home
s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall ensure that all doors leading to non-residential areas are equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

A) Develop and complete daily audits, including on weekends and holidays, and on different shifts, to ensure that all doors leading to non-residential areas are kept closed and locked (unless being directly supervised by staff).
B) Document the daily audits and ensure that any person conducting an audit signs and dates the audit document.
C) Take immediate corrective action if doors leading to non-residential areas are found to be unlocked and not directly supervised by staff, which is to include following up with staff who have responsibility to lock the door(s).
D) Complete the daily audits until such time that the Ministry of Long-Term Care has deemed that the licensee has complied with this order.
E) Keep a written record of A, B, C and D.

Grounds
The licensee has failed to ensure that all doors leading to non-residential areas were locked when they were not being supervised by staff.

Rationale and Summary

The following doors leading to non-residential areas were observed to be unlocked with no staff in the area supervising the doors:

A) A service corridor door:

On several occasions, in one neighbourhood, the door from the home area, into the service corridor was unlocked. There was potential for unrestricted resident access to the unlocked doors in the service corridor, including a housekeeping closet with chemicals, clean and soiled utility rooms and the linen chute room with access to the linen chute. During the inspection, the door was serviced, and as per the Maintenance Manager, it was realigned, and the door close was tightened.

B) Clean linen room doors:
In two neighbourhoods, the clean linen room doors were unlocked on multiple occasions.

C) Dining room doors:

There were five dining rooms in the home. Doors in each dining rooms led to the meat and dairy serveries, and beyond the serveries were service corridors with multiple rooms. On the second and third floors, the serveries and service corridor were shared between the east and west neighbourhoods.

In each neighbourhood, on multiple occasions, the doors in the dining rooms, leading to the serveries and the service corridor beyond, were unlocked.

There was potential for unrestricted resident access to serveries, as the doors were not consistently locked, and to the service corridor beyond where multiple doors were unlocked, including housekeeping closets with chemicals, clean and soiled utility rooms, storage rooms, linen rooms and linen chute rooms with access to the linen chute.

The Administrator stated that the doors in the dining rooms, leading to the serveries and service corridor in the resident neighbourhoods, should have been locked after meal services. They stated that fob key mechanisms were being installed on all of the dining room doors.

Residents were at risk of gaining unsupervised access to high-risk non-residential areas.

Sources: Observations and interviews with the Maintenance Manager and Administrator. [551]

This order must be complied with by May 17, 2024.

REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.