

**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

## Public Report

**Report Issue Date:** March 17, 2025

**Inspection Number:** 2025-1523-0002

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** The Ottawa Jewish Home for the Aged

**Long Term Care Home and City:** Hillel Lodge, Ottawa

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 24, 25, 26, 27, 2025 and March 3, 4, 5, 6, 7, 2025

The following intake(s) were inspected:

- Intake: #00140443 - PCI

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

Skin and Wound Prevention and Management  
Resident Care and Support Services  
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  
Staffing, Training and Care Standards  
Residents' Rights and Choices

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Pain Management

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 106 (b)**

Evaluation

s. 106. Every licensee of a long-term care home shall ensure,

(b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 25 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences;

The licensee has failed to ensure that their Abuse prevention policy has been reviewed at least once in the calendar year to determine its effectiveness. Specifically, their Abuse policy Titled "Zero Tolerance of Resident Abuse and Neglect Program RC-02-01-01" was last reviewed in November 2023.

The home updated the abuse prevention policy on February 25, 2025, prior to the inspector leaving the home.

Date Remedy Implemented: February 25, 2025

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## WRITTEN NOTIFICATION: Advice

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 43 (4)**

Resident and Family/Caregiver Experience Survey

s. 43 (4) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in carrying out the survey and in acting on its results.

The licensee has failed to ensure it seeks the advice of the Residents' Council and the Family Council in carrying out the 2024 Resident and Family Satisfaction survey. Specifically, the licensee failed to provide the councils with the opportunity to participate in the development of the annual satisfaction survey questions.

Sources: Family and Resident Council meeting minutes, Interviews with the Family Council President and the Director of Quality Improvement.

## WRITTEN NOTIFICATION: Duty to respond

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 66 (3)**

Powers of Family Council

s. 66 (3) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing.

The licensee has failed to respond to the Family Council in writing within 10 days of receiving concerns or recommendations. As documented in the Family Council meeting minutes the Family Council voiced concerns related to resident care and

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services in February, March, April and November 2024. The appointed Family Council assistant was unable to provide any documents to support that the concerns raised were responded to in writing within 10 days of receiving the concerns.

Sources: Family Council meeting minutes, email communication, interviews with Family Council President and Family Council assistant.

## **WRITTEN NOTIFICATION: Air temperature**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 24 (2)**

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home.
2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.
3. Every designated cooling area, if there are any in the home.

The licensee has failed to ensure the temperature required to be measured once every evening or night is documented. When interviewed the Environmental Service Manager stated the air temperatures are taken by the Building Automated System in the evening and night but were not documented.

Sources: Temperature Logs and interview with the Environmental Service Manager.

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## WRITTEN NOTIFICATION: Bathing

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 37 (1)**

Bathing

s. 37 (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

The licensee has failed to ensure that a resident received a bath at minimum twice weekly. Specifically, a resident missed having their bath on three occasions in the month of February 2025

Sources: A resident's clinical records, interview with a PSW and the DOC.

## WRITTEN NOTIFICATION: Weekly Skin Assessments

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)**

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,  
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,  
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

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The licensee has failed to ensure that weekly skin assessments were conducted on a resident, who exhibited three different areas of skin breakdown. Specifically, skin assessments were not conducted on an active wound since a specified date in January 2025; a second wound was last assessed on a specified date in February 2025, and a third wound was last assessed on a specified date in January 2025.

Sources: A resident's skin and wound assessments, written care plan, homes skin and wound policy and interviews with an RPN and the DOC.