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

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Public Report

Report Issue Date: May 20, 2025
Inspection Number: 2025-1523-0005
Inspection Type: Critical Incident
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: May 6, 8, 9, 13, 14, and 15, 2025.

The following intakes were inspected:

- Intake: #00139827 - The alleged sexual abuse of a resident by another resident.
- Intake: #00146107 - The alleged Improper/ Incompetent care of a resident related to a nursing assessment.

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

Prevention of Abuse and Neglect
Responsive Behaviours

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 (1) (a)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident;

The licensee has failed to ensure that the written plan of care for a resident set out the planned care for the resident when the plan of care did not include a specific device that was to be used to notify staff of the resident's activity and another device that was to be used to prevent others from entering the resident's room, as confirmed by the staff.

Sources: resident's electronic health record and interviews with staff.

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 25 (1)
Policy to promote zero tolerance
s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee has failed to ensure that the written policy, titled zero tolerance of resident abuse and neglect that was in place, was complied with upon suspicion of alleged abuse of a resident.

Specifically, the licensee has failed to comply with their policy, titled Zero Tolerance of Resident Abuse and Neglect Program RC-02-01-0 with last reviewed date of February 2025, with attachment Zero Tolerance of Resident Abuse and Neglect: Response and Reporting with last reviewed date of February 2024 which contained on page 1 in a section titled Policy: Anyone who witnesses or suspects abuse or neglect of a resident by another resident, staff or other person must report the incident. At a minimum any individual who witnesses or suspect abuse or neglect of a resident must notify management immediately.

An incident of alleged abuse to a resident had not been reported by staff immediately to the home's management but was reported three days later, as confirmed by staff.

Source: Interview with the staff, Critical Incident- Amended Report and the home's Policy; Zero Tolerance of Resident Abuse and Neglect Program RC-02-01-0.

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure the immediate reporting of an incident of alleged abuse of a resident by another resident to the Director on the date when they were

informed of the incident.

Sources: interview with the staff and Critical Incident Report.

WRITTEN NOTIFICATION: Policies, etc., to be followed, and records

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 11 (1) (b)
Policies, etc., to be followed, and records
s. 11 (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system,
(b) is complied with.

The licensee has failed to ensure that the home's policy, titled Responsive Behaviours with last review date of February 2025, was complied with when Dementia Observation System (DOS) mapping was initiated but not completed for a resident demonstrating responsive behaviours.

Sources: resident's physical chart, printed copy of the home's policy, Responsive Behaviours 2025 RC-17-01-04, and interviews with staff.

WRITTEN NOTIFICATION: Responsive behaviours

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (2) (c)
Responsive behaviours
s. 58 (2) The licensee shall ensure that, for all programs and services, the matters

referred to in subsection (1) are,
(c) co-ordinated and implemented on an interdisciplinary basis.

The licensee has failed to ensure that the written approaches to care, including the psychiatric and nursing reassessment and recommendations from the Royal Ottawa Geriatric Psychiatry Outreach Psychiatrist and the Royal Ottawa Geriatric Psychiatry Outreach Psychiatric Nurse, were coordinated and implemented on an interdisciplinary basis as confirmed by the staff.

Source: resident's physical and electronic health record, interview with staff.

WRITTEN NOTIFICATION: Responsive behaviours

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (a)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(a) the behavioural triggers for the resident are identified, where possible;

The licensee has failed to ensure that when a resident demonstrated responsive behaviours the behavioural triggers for the resident were identified.

Sources: resident health record and interview with staff.

WRITTEN NOTIFICATION: Notification re incidents

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 104 (1) (b)
Notification re incidents

s. 104 (1) Every licensee of a long-term care home shall ensure that the resident's substitute decision-maker, if any, and any other person specified by the resident,
(b) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident.

The licensee has failed to ensure that a resident's substitute decision-maker was notified, within 12 hours upon becoming aware of an incident of alleged abuse to a resident, as confirmed by the staff.

Sources: Critical Incident Report and interview with staff.

WRITTEN NOTIFICATION: Dealing with complaints

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. i.
Dealing with complaints
s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
3. The response provided to a person who made a complaint shall include,
i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

The licensee has failed to ensure that the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman was provided in the response to a complainant of the alleged neglect of a resident, as confirmed by staff.

Sources: homes investigation file, Critical Incident Report and attachments, and

interview with staff.

WRITTEN NOTIFICATION: Additional training — direct care staff

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 261 (3)
Additional training — direct care staff
s. 261 (3) The licensee shall ensure that the training required under paragraph 2 of subsection 82 (7) of the Act includes training in techniques and approaches related to responsive behaviours.

The licensee has failed to ensure that a staff received annual retraining in techniques and approaches related to responsive behaviours, as confirmed by staff.

Sources: Education History Report for the staff and interviews with staff.