

**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:** November 18, 2025

**Inspection Number:** 2025-1523-0008

**Inspection Type:**

Critical Incident  
Follow up

**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 dates: November 6, 7, 10, 12, 13, 14, and 18, 2025.

The following intakes were inspected:

-Intake: #00154143 - Follow-up #: 1 -on Compliance Order #2 -O. Reg. 246/22 - s. 53 (1) 1 with CDD of October 28, 2025.

-Intake: #00154144 - Follow-up #: 2 - on Compliance order #3- O. Reg. 246/22 - s. 54 (2) with CDD of October 28, 2025.

-Intake: #00154145 - Follow-up #: 3 - on Compliance order #1- FLTCA, 2021 - s. 6 (10) (c) with CDD of October 28, 2025.

-Intake: #00154146 - Follow-up #: 4 - on Compliance order #4- FLTCA, 2021 - s. 82 (7) 6. October 28, 2025.

-Intake: #00160879 - Fall of a resident resulting in an injury.

-Intake: #00161034 - Fall of a resident resulting in an injury.

**Previously Issued Compliance Order(s)**

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The following previously issued Compliance Order(s) were found to be in compliance:

Order #002 from Inspection #2025-1523-0006 related to O. Reg. 246/22, s. 53 (1) 1.

Order #003 from Inspection #2025-1523-0006 related to O. Reg. 246/22, s. 54 (2)

Order #004 from Inspection #2025-1523-0006 related to FLTCA, 2021, s. 82 (7) 6.

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #001 from Inspection #2025-1523-0006 related to FLTCA, 2021, s. 6 (10) (c)

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

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 (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 written plan of care for a resident did not set out the planned care for the resident. Specifically, it did not include the resident's use of a specific mobility aid or instructions for staff to remind the resident to use the mobility aid prior to the resident's fall.

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Sources: residents electronic health record and interview with staff.

## **WRITTEN NOTIFICATION: When reassessment, revision is required**

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

### **Non-compliance with: FLTCA, 2021, s. 6 (10) (b)**

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(b) the resident's care needs change or care set out in the plan is no longer necessary; or

A resident was not reassessed and the plan of care reviewed and revised at least every six months and at any other time when, the resident's care needs change or care set out in the plan was no longer necessary. Specifically, interventions in the resident's plan of care for falls prevention and management had not been reviewed in over a year and specific interventions for falls prevention and Management had not been reviewed when they were no longer necessary.

Sources: inspector's observation, resident's electronic health record and interview with staff members.

## **WRITTEN NOTIFICATION: Conditions of licence**

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

### **Non-compliance with: FLTCA, 2021, s. 104 (4)**

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Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

Compliance Order (High Priority) #001 from inspection 2025-1523-0006, related to FLTCA, 2021 s. 6(10)c with a compliance due date of October 28, 2025 was not complied.

Specifically, the licensee did not comply with:

A) Review the home's process for updating the residents' plan of care with the home's registered nursing staff to ensure they are aware of who is responsible for the update, when and how to update the plan.

The Director of Care (DOC) indicated in an interview that the home's process for updating resident's care plan including who is responsible for the update, when and how to update the care plan was not reviewed with all registered staff in the home prior to the compliance due date.

C) Keep written records of everything required under step A). Written records must be kept until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

The home was unable to provide written records of everything required under step A).

Sources: Interviews with the DOC and Director of Quality Improvement (DOQI), and the home's records related to the Compliance Order.

**An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001**

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**NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #001**

**Related to Written Notification NC #003**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

**Compliance History:**

No compliance history or FLTCA, 2021 s. 104 (4), in the past 36 months.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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**WRITTEN NOTIFICATION: 24-hour admission care plan**

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

**Non-compliance with: O. Reg. 246/22, s. 27 (4)**

24-hour admission care plan

s. 27 (4) The licensee shall ensure that the care set out in the care plan is based on an assessment of the resident and the needs and preferences of that resident and on the assessment, reassessments and information provided by the placement co-ordinator under section 51 of the Act.

The care set out in the care plan for a resident was not based on an assessment of the resident. Specifically, the resident's risk of falls was not assessed on admission to the home.

Sources: home's file Critical Incident Report file, resident's electronic health record and interview with the DOC.