Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 28, 2013	2013_203126_0002	O-000271-12,O-001866-12	Complaint

Licensee/Titulaire de permis

THE OTTAWA JEWISH HOME FOR THE AGED
10 Nadolny Sachs Private, Ottawa-Carleton, ON, K2A-4G7

Long-Term Care Home/Foyer de soins de longue durée

HILLEL LODGE
10 NADOLNY SACHS PRIVATE, OTTAWA, ON, K2A-4G7

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

LINDA HARKINS (126)

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): January 8, 9, and 25, 2013.

During the course of the inspection, the inspector(s) spoke with the Administrator and the Director of Care(DOC), 3 Registered Nurses(RN),2 Registered Practical Nurses(RPN) and several Home Support Workers(HSW).

During the course of the inspection, the inspector(s) reviewed the resident health care records and foot care resident's lists.

During this inspection 3 complaint logs were reviewed.

The following Inspection Protocols were used during this inspection:
Hospitalization and Death

Personal Support Services

Reporting and Complaints

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités

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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 35. Foot care and nail care

Specifically failed to comply with the following:

s. 35. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives preventive and basic foot care services, including the cutting of toenails, to ensure comfort and prevent infection. O. Reg. 79/10, s. 35 (1).

Findings/Faits saillants :

1. The licensee failed to comply with O. Reg 79/10 s.35. (1) in that Resident #3 did not appear to have received basic foot care during the period of January 5, 2010 to December 2011 .

Resident #3 was admitted in January 2010 and was transferred to another floor in December 2011. It was noted by the Registered Practical Nurse(RPN) that Resident #3 had long, curved and brittle toe nails. The RPN indicated that he/she was providing cutting and trimming of Resident #3 toe nails up until June 2012,when he/she could no longer provide basic foot care and recommended that the resident be referred to the Foot Care Nurse.
No documentation on foot care found in Resident's #3 health care record.
On January 25, 2013, the DOC indicated that she had a telephone conversation that same day with the Foot Care Nurse who informed her that she had never seen Resident #3. [s. 35. (1)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 138. Absences
Specifically failed to comply with the following:

s. 138. (7) A licensee of a long-term care home shall ensure that when a resident of the home leaves for a medical absence or a psychiatric absence, information about the resident's drug regime, known allergies, diagnosis and care requirements is provided to the resident's health care provider during the absence. O. Reg. 79/10, s. 138 (7).

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg 79/10 s. 138 (7) in that the home did not ensure that when the resident left for a medical absence that the right information about the known allergies, diagnosis and care requirements was provided to the resident's health care provider.

In August 2012, resident #2 was sent to the Civic Hospital with the wrong cover information sheet that belong to another resident. Resident #2 was initially admitted to the Civic under that resident name (wrong name, diagnosis, allergies...). It was reported by the Director of Care that on that day, Resident's #2 family member called Hillel Lodge because resident #2 family member was informed that Resident #2 was admitted under another resident's name. The home failed to provide the right information to the receiving health care team. [s. 138. (7)]

Issued on this 28th day of January, 2013

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

J McFarland for L. Harker