

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

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Operations Division  
Long-Term Care Inspections Branch**

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

Ottawa Service Area Office  
347 Preston St Suite 420  
OTTAWA ON K1S 3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347 rue Preston bureau 420  
OTTAWA ON K1S 3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

**Public Copy/Copie du rapport public**

---

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 9, 2020	2020_809733_0001	022952-19	Critical Incident System

---

**Licensee/Titulaire de permis**

The Perley and Rideau Veterans' Health Centre  
1750 Russell Road OTTAWA ON K1G 5Z6

---

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

The Perley and Rideau Veterans' Health Centre  
1750 Russell Road OTTAWA ON K1G 5Z6

---

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

MARK MCGILL (733)

---

**Inspection Summary/Résumé de l'inspection**

---

**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): January 2, 3, 2020**

**During the course of this inspection the following logs were inspected:  
Log 022952-19 (CI: C595-000066-19) is related to a fall.**

**During the course of the inspection, the inspector(s) spoke with a Manager of Resident Care, Registered Practical Nurses, Personal Support Workers and a resident.**

**The Inspector observed the resident's environment, reviewed resident's health record and the Fall Prevention Program policy.**

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

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following:**

**s. 8. (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, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**  
**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that where the Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the policy was complied with. In accordance with O. Reg 79/10, s. 48 (1) 1, the licensee was required to have a falls prevention and management program to reduce the incidence of falls and the risk of injury. As per O. Reg 79/10 s. 49 (1), this program must at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents. Specifically, staff did not comply with the Fall Prevention Program Policy (Revision Date: August 23, 2017) which requires that all residents are monitored.

A critical incident was submitted regarding a fall with injury of resident #001.

According to the Fall Prevention Program Policy (Revision Date: August 23, 2017) "All residents will be rounded on hourly using comfort care rounding to proactively meet the needs of the resident." In the Appendix of the policy under Interprofessional Team Responsibilities – PSW it states "Ensure that comfort care rounded is completed hourly". In an interview with Inspector #733, Manager of Resident Care #102 confirmed that it is standard practice to have comfort care rounding completed.

According to Manager of Resident Care #102, on the morning of a specified date, comfort care rounding was last completed on resident #001 at 0327 hours by the RPN. The resident was found on the floor having fallen at approximately 0720 hours. No comfort care rounding was completed on the resident between 0327 and approximately 0720 hours by staff. PSW staff did however sign the comfort care rounding log as though they did complete the rounding at the following times: 0400-0500 hours, 0500-0600 hours, 0600-0700 hours. Video evidence provided to Inspector #733 demonstrated that no rounding on the resident during the time period mentioned above was completed.

Where the Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the policy was not complied with. [s. 8. (1) (a),s. 8. (1) (b)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that where the Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the policy is complied with., to be implemented voluntarily.***

---

**Issued on this 9th day of January, 2020**

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

**Original report signed by the inspector.**