

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

Original Public Report

Report Issue Date: June 28, 2024	
Inspection Number: 2024-1008-0002	
Inspection Type: Critical Incident	
Licensee: DTOC II Long Term Care LP, by its general partner, DTOC II Long Term Care MGP (a general partnership) by its partners, DTOC II Long Term Care GP Inc. and Arch Venture Holdings Inc.	
Long Term Care Home and City: Champlain Long Term Care Residence, L'original	
Lead Inspector Julienne NgoNloga (502)	Inspector Digital Signature
Additional Inspector(s) Kelly Boisclair-Buffam (000724)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 25, 26, 27, 28, 2024

The following intake(s) were inspected:

- Intakes: #00113460 - (CIS #0925-000005-24), #00113548 - (CIS #0925-000006-24), and #00113936 - 0925-000008-24, related to fall of residents which resulted in injury.
- Intake: #00113565 - (CIS #0925-000007-24) related to alleged resident to resident abuse.
- Intake: #00115022 - (CIS #0925-000009-24) related to alleged staff to residents abuse.

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- Intake: #00116377 - (CIS #0925-000010-24) related to infection prevention and control.

The following Inspection Protocols were used during this inspection:

Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Responsive Behaviours
Reporting and Complaints
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Safe and Secure Home

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 5

Home to be safe, secure environment

s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

The licensee has failed to ensure that the home was a safe and secure environment for its residents.

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The electric stove burners in a residents' care area were accessible to residents and left unattended on a specified date. Both the Infection Prevention and Control (IPAC) Lead and Clinical Manager stated that residents had free access to this room but were unaware that the burners could be accessed.

Sources: Inspectors' Observations. Interviews with IPAC Lead/Manager and Clinical Nurse Manager.

[000724]

WRITTEN NOTIFICATION: Falls Prevention and Management

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (c)

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,
(c) care set out in the plan has not been effective.

The licensee has failed to ensure that a resident was reassessed and the plan of care reviewed and revised after multiple falls, when the falls interventions set out in the plan had not been effective.

Sources: Inspector's observation. Review of resident's Minimum Data Set (MDS), plan of care, progress notes. Interview with IPAC Lead/Manager.

[502]

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WRITTEN NOTIFICATION: Policy to Promote Zero Tolerance

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

Non-compliance with: FLTCA, 2021, s. 25 (2) (d)

Policy to promote zero tolerance

s. 25 (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,

(d) shall contain an explanation of the duty under section 28 to make mandatory reports; specifically, a person who has reasonable grounds to suspect that 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 occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director.

The licensee has failed to ensure that a staff member complied with the home's Abuse and Neglect Policy related to mandatory reporting.

Sources: Abuse and Neglect Policy-Index ID: P-10, reviewed date April 3, 2024; specifically under Standard #3 and Mandatory Reports #2, and licensee investigation notes. Interviews with Registered Nurse (RN), Personal Support Worker (PSW), and IPAC Lead.

[000724]