

**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
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 14, 2021	2021_878551_0017	015567-21	Proactive Compliance Inspection

Licensee/Titulaire de permisRoyal Ottawa Health Care Group
1145 Carling Avenue Ottawa ON K1Z 7K4**Long-Term Care Home/Foyer de soins de longue durée**Royal Ottawa Place
1145 Carling Avenue Ottawa ON K1Z 7K4**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

MEGAN MACPHAIL (551), HEATH HEFFERNAN (622)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Proactive Compliance Inspection.

This inspection was conducted on the following date(s): November 22, 23, 24, 25, 26 and 30, 2021 and December 1 and 2, 2021.

A Proactive Compliance Inspection was conducted.

During the course of the inspection, the inspector(s) spoke with the Family Council Chair, Representatives of the Residents' Council, an Administrative Assistant, the Office Coordinator, Housekeepers, Dietary Aides, Personal Care Aides, Registered Practical Nurses, Registered Nurses, a Recreation Staff, the Food Service Supervisor, the Maintenance Supervisor, the Director of Care and the Administrator.

During the course of the inspection, the inspector(s) reviewed relevant documents, including residents' health care records, selected policies and procedures, Residents' Council and Family Council meeting minutes and other meeting minutes; and observed resident care, staff to resident interactions, meal service, housekeeping services, Infection Prevention and Control and medication administration practices.

The following Inspection Protocols were used during this inspection:

**Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Quality Improvement
Residents' Council
Skin and Wound Care**

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

**2 WN(s)
2 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 LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

s. 6. (9) The licensee shall ensure that the following are documented:

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :

1. The licensee has failed to ensure that that the provision of the care set out in the plan of care was documented related a daily temperature check for residents, as part of daily symptom screening for COVID-19.

A temperature check was to be performed as part of daily symptom screening of all residents, as outlined in Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007.

The health care records of three (3) residents were reviewed for the months of October and November 2021. There was no documented daily temperature check for each of the 3 residents on multiple days.

The DOC stated that the daily temperature check, as part of daily COVID-19 symptom screening, was to be documented in the resident's chart.

Sources: Residents' health care records and interview with the DOC. [s. 6. (9) 1.]

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 daily temperature checks (as directed by Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007) are documented, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff participate in the implementation of the Infection Prevention and Control program.

The licensee's policy and procedure titled: Routine Practices and Additional Precautions - CORP XI-200 stated for a patient who is presenting with any symptoms of respiratory infection, to isolate the patient in a private room, ensure signage is posted for the type of precautions necessary and ensure that the isolation cart is in place as required.

A PCA stated that a resident had been on isolation and droplet precautions for respiratory symptoms.

The progress notes stated that a resident was noted to have respiratory infection symptoms however was not placed on isolation and droplet precautions until two (2) days later.

RN #100 stated that the resident should have been placed on isolation and droplet precautions when their condition changed, and not 2 days later.

Sources: The licensee's policy and procedure titled: Routine Practices and Additional Precautions - CORP XI-200 revised 02/05/2016, a resident's health records and interviews with RN #100 and other staff. [s. 229. (4)]

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 isolation measures are implemented in accordance with the Routine Practices and Additional Precautions policy and procedure, to be implemented voluntarily.

Issued on this 20th day of December, 2021

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

Original report signed by the inspector.