



Ministry of Health and
Long-Term Care

Ministère de la Santé et des
Soins de longue durée

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

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

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Performance Improvement and
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Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité

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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
Feb 13, 2014	2014_199161_0004	O-000053- 14	Resident Quality Inspection

Licensee/Titulaire de permis

ROYAL OTTAWA HEALTH CARE GROUP
1141 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

KATHLEEN SMID (161), DARLENE MURPHY (103), LISA KLUKE (547), RUZICA
SUBOTIC-HOWELL (548)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): February 3 - 7, 2014 and February 10 - 12, 2014.

During the course of the inspection, the inspector(s) spoke with Residents, Family Members, President of Residents' Council, President of Family Council, Manager of Nutrition and Food Services, Manager of Resident Family Services and Recreation Therapy, Personal Support Workers (PSW), Developmental Service Workers (DSW), Registered Nurses (RN), Registered Practical Nurses (RPN), Administrator, Manager of Patient Services – LTC, Registered Dietician, a Physician, Program Secretary and a Maintenance staff member.

During the course of the inspection, the inspector(s) conducted a tour of the Resident care areas, reviewed Residents' health care records, home policies and procedures, staff work routines and schedules, observed Resident rooms, observed Resident common areas, observed staff - Resident interactions, reviewed the Admission process and Quality Improvement system, reviewed Residents' Council and Family Council minutes, observed medication passes, medication storage areas, observed meal service, and observed the delivery of Resident care and services.

The following Inspection Protocols were used during this inspection:

**Admission Process
Dining Observation
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Sufficient Staffing**

Findings of Non-Compliance were found during this inspection.



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>Legendé</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. 78. Information for residents, etc.

Specifically failed to comply with the following:

- s. 78. (2) The package of information shall include, at a minimum,**
- (a) the Residents' Bill of Rights; 2007, c. 8, s. 78 (2)**
- (b) the long-term care home's mission statement; 2007, c. 8, s. 78 (2)**
- (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 78 (2)**
- (d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 78 (2)**
- (e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 78 (2)**
- (f) the written procedure, provided by the Director, for making complaints to the**



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Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 78 (2)

(g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained; 2007, c. 8, s. 78 (2)

(h) the name and telephone number of the licensee; 2007, c. 8, s. 78 (2)

(i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91 (1) for each type of accommodation offered in the long-term care home; 2007, c. 8, s. 78 (2)

(j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home; 2007, c. 8, s. 78 (2)

(k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges; 2007, c. 8, s. 78 (2)

(l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge; 2007, c. 8, s. 78 (2)

(m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs; 2007, c. 8, s. 78 (2)

(n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents; 2007, c. 8, s. 78 (2)

(o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package; 2007, c. 8, s. 78 (2)

(p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations; 2007, c. 8, s. 78 (2)

(q) an explanation of the protections afforded by section 26; 2007, c. 8, s. 78 (2)

(r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)

Findings/Faits saillants :



1. The licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s.78 (2) (c) in that the licensee did not ensure the admission package includes the home's policy to promote zero tolerance of abuse and neglect of residents.

On February 4, 2014, the Administrator provided a copy of the home's Admission Package titled, "Resident and Family Handbook" to Inspector #161. The Admission Package does not include the home's policy to promote zero tolerance of abuse and neglect of residents.

On February 11, 2014, the Office Co-ordinator confirmed that the home's policy to promote zero tolerance of abuse and neglect of residents is not included in the home's Admission Package. [s. 78. (2) (c)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal

Specifically failed to comply with the following:

s. 136. (1) Every licensee of a long-term care home shall ensure, as part of the medication management system, that a written policy is developed in the home that provides for the ongoing identification, destruction and disposal of,

(a) all expired drugs; O. Reg. 79/10, s. 136 (1).

(b) all drugs with illegible labels; O. Reg. 79/10, s. 136 (1).

(c) all drugs that are in containers that do not meet the requirements for marking containers specified under subsection 156 (3) of the Drug and Pharmacies Regulation Act; and O. Reg. 79/10, s. 136 (1).

(d) a resident's drugs where,

(i) the prescriber attending the resident orders that the use of the drug be discontinued,

(ii) the resident dies, subject to obtaining the written approval of the person who has signed the medical certificate of death under the Vital Statistics Act or the resident's attending physician, or

(iii) the resident is discharged and the drugs prescribed for the resident are not sent with the resident under section 128. O. Reg. 79/10, s. 136 (1).

Findings/Faits saillants :



1. The Licensee has failed to comply with O.Reg 79/10, s.136 (1)(a) whereby the licensee does not ensure that as part of the medication management system, that a written policy is developed in the home that provides for the ongoing identification of expired drugs.

On February 3, 2014, received the following policy from Manager of Patient Services-LTC, "Corporate Policy and Procedure Pharmaceutical Waste Management ROHCG CORP VIII-i-102". Review of the policy concluded that this policy did not include the identification of expired drugs.

On February 11, 2014, interviewed the Manager of Patient Services-LTC, who indicated that the home does not have a written policy developed that provides for the ongoing identification of all expired drugs.

On February 3, 2014, during the review of one of the medication carts, the following expired medications were found:

Resident #0854 Ventolin 100 mcg inhaler had expired in 2013.
Resident #0824 Ventolin 100 mcg inhaler had expired in 2013.

On February 10, 2014, the inspector reviewed the Medication Administration Records for both residents for January 2014 and from February 1- 10, 2014. It is noted that Resident #0854 was administered the expired Ventolin 100 mcg inhaler on a specified date in January 2014. [s. 136. (1)]

WN #3: 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. (10) The licensee shall ensure that the following immunization and screening measures are in place:

3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :



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1. The licensee has failed to comply with O. Reg 79/10 s. 229 (10) 3 whereby residents are not offered immunizations in accordance with the publicly funded immunization schedules posted on the Ministry website.

Staff#117 was interviewed and stated she is responsible for obtaining the consents for resident immunizations. She was able to confirm that residents are offered immunizations for influenza and pneumococcus, but that they are not offered immunizations for tetanus and diphtheria.

The resident records for immunizations were also reviewed. There was no evidence to support residents being offered immunizations for diphtheria or tetanus. [s. 229. (10) 3.]

Issued on this 13th day of February, 2014

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

*Kathleen Snid + for Darlene Murphy, Ruzica Subotic-Howell +
Lisa Klucke*