



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

**Rapport d'inspection  
prévue le *Loi de 2007  
les foyers de soins de  
longue durée***

**Ministry of Health and Long-Term Care**

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

**Ministère de la Santé et des Soins de  
longue durée**

Division de la responsabilisation et de la performance du  
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<b>Date(s) of inspection/Date de l'inspection</b> September 12, 2010	<b>Inspection No/ d'inspection</b> 2010_133_2933_12Oct152259	<b>Type of Inspection/Genre d'inspection</b> Critical Incident #2933-000017-10 (Log 0001480)
<b>Licensee/Titulaire</b>  Royal Ottawa Health Care Group 1141 Carling Avenue Ottawa, Ontario K1Z 7K4 Fax: 613-761-3609		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Royal Ottawa Place 1145 Carling Avenue Ottawa, Ontario K1Z 7K4		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Jessica Lapensee, #133		
<b>Inspection Summary/Sommaire d'inspection</b>		



The purpose of this inspection was to conduct a critical incident inspection related to a malfunctioning staff-resident communication and response system affecting the secured South side of the first floor unit.

During the course of the inspection, the inspector spoke with the Administrator, the Director of Care and the Maintenance Engineer.

During the course of the inspection, the inspector sat at the nurse's station that is located in-between the North and South sides of the first floor unit. The Administrator and Director of Care went into the South side of the unit and activated the staff-resident communication and response system. The inspector listened to the level of sound that could be heard at the nurse's station.

The following Inspection Protocol was used during this inspection:  
 Safe and Secure Home

Findings of Non-Compliance were found during this inspection. The following action was taken:

- 1 WN
- 1 VPC

**NON-COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

- WN – Written Notifications/Avis écrit
- VPC – Voluntary Plan of Correction/Plan de redressement volontaire
- DR – Director Referral/Régisseur envoyé
- CO – Compliance Order/Ordres de conformité
- WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with O.Reg. 79/10, s.17 (1) Every licensee of a long term care home shall ensure that the home is equipped with a staff-resident communication and response system that,

- (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff.

**Findings:**

- 1) The level of sound of the staff-resident communication and response system is not audible to staff at the nurse's station that is located in-between the North and South sides of the first floor unit.



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Inspector ID #:	133
<b>Additional Required Actions:</b>  VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i> , S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with ensuring that the home is equipped with a staff-resident communication and response system that is properly calibrated so that the level of sound is audible to staff, to be implemented voluntarily.	

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
Title: _____ Date: _____	<i>Jessica Lapensee</i> Date of Report: (if different from date(s) of inspection). <i>October 27, 2010.</i>