



**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 prévue  
sous la Loi de 2007 sur les foyers  
de soins de longue durée**

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

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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## **Public Copy/Copie du public**

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<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>
Mar 21, 2019	2019_627138_0004	003363-18, 004118-18, 004455-18, 007457-18, 016728-18, 020510-18, 023908-18, 025994-18, 026191-18, 028560-18, 029557-18, 031739-18	Critical Incident System

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### **Licensee/Titulaire de permis**

City of Ottawa  
Community and Social Services, Long Term Care Branch 200 Island Lodge Road  
OTTAWA ON K1N 5M2

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

Peter D. Clark Centre  
9 Meridian Place OTTAWA ON K2G 6P8

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

PAULA MACDONALD (138), SUSAN LUI (178)

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

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

**This inspection was conducted on the following date(s): February 25, 26, 27, 28, March 1, 4, 5, 6, 7, 8, 12, 13, 14, 15, and 18, 2019.**

**The following intakes were inspected as part of this inspection:**

**Log #003363-18, Log #004118-18, Log #004455-18, Log #007457-18, Log #016728-18, and Log #029557-18 all relating to alleged abuse/neglect of a resident.**

**Log #020510-18, Log #026191-18, and Log #028560-18 all relating to the fall of residents.**

**Log #023908-18 relating to a missing resident  $\geq$  3 hours.**

**The following intakes were completed as part of this inspection:**

**Log #025994-18 and Log #031739-18 both relating to the fall of residents.**

**During the course of the inspection, the inspector(s) spoke with residents, the Administrator, the Manager of Personal Care, the Manager of Resident Care, the Administrative Assistant, personal support workers (PSWs), a Behavioural Support Ontario (BSO) worker, registered nurses (RNs), registered practical nurses (RPNs), the Quality Improvement Nurse, and a housekeeping worker.**

**The Inspectors also reviewed health care records, observed staff to resident interactions, reviewed a policy related to resident falls, reviewed the home's policy related to the prevention of abuse as it related to training requirements, reviewed employee training records, and reviewed partial employee records.**

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

**Falls Prevention**

**Prevention of Abuse, Neglect and Retaliation**

**Responsive Behaviours**



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

- 1 WN(s)
- 0 VPC(s)
- 0 CO(s)
- 0 DR(s)
- 0 WAO(s)

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

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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff**

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

**s. 221. (2) The licensee shall ensure that all staff who provide direct care to residents receive the training provided for in subsection 76 (7) of the Act based on the following:**

- 1. Subject to paragraph 2, the staff must receive annual training in all the areas required under subsection 76 (7) of the Act. O. Reg. 79/10, s. 221 (2).**
- 2. If the licensee assesses the individual training needs of a staff member, the staff member is only required to receive training based on his or her assessed needs. O. Reg. 79/10, s. 221 (2).**

**Findings/Faits saillants :**

1. The licensee failed to ensure, in accordance with this section and section 76 (7) of the Act, that staff who provide direct care to residents receive training in the area of abuse recognition and prevention and that staff receive this training on an annual basis.

Inspector #138 reviewed a Critical Incident System submitted by the home outlining suspected neglect/abuse of a resident by PSW #107 in 2018. Inspector #138 reviewed the training records for PSW #108 and noted that there was no indication that the PSW received training in the area of abuse recognition and prevention during 2018. The Inspector spoke with Administrative Assistant #107 who stated that there was no other indication in the home's records that the PSW received such training in 2018. The Inspector then spoke with PSW #108 who was able to confirm that they had not received training in the area of abuse recognition and prevention in 2018.

Log #029557-18 [s. 221. (2)]

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**Issued on this 21st day of March, 2019**

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

**Original report signed by the inspector.**