Ontario

Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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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
May 9, 2013	2013_199161_0013	O-000293-13	Resident Quality Inspection

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

CARLINGVIEW MANOR
2330 CARLING AVENUE, OTTAWA, ON, K2B-7H1

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

KATHLEEN SMID (161), AMANDA NIXON (148), LINDA HARKINS (126)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): April 23 - 26, April 29 - May 3, May 6, 2013 on-site.

It is noted that Critical Incident inspection log # O-000303-13 and Complaint log # O-000285-13 were conducted at the same time as the Resident Quality Inspection.

During the course of the inspection, the inspector(s) spoke with over 40 residents of the home, several resident family members, the Presidents of the Resident and Family Councils, Executive Director, Executive Director Assistant, Interim Director of Care (IDOC), Environmental Manager, Resident Services Manager, Business Office Manager, Clinical Managers, Registered Dietician, several Registered Nurses (RNs), several Registered Practical Nurses (RPNs), several Personal Support Workers (PSWs), several Food Service Workers, several Housekeeping Aides, Recreation Aides, Receptionists as well as several Volunteers.

During the course of the inspection, the inspector(s) observed resident care and services on all eight units; observed the lunch time meal service of April 23, 2013; observed resident medication administration; reviewed the health care records of over 40 residents; examined over 40 resident rooms, bathrooms and common areas such as the tub/shower rooms, dining rooms and serveries; examined the home's resident-staff communication response system; reviewed the home's Staffing Schedule; reviewed the home's laundry routines and housekeeping services; reviewed the home's maintenance program, reviewed the home's following policies: #LP-D-95-ON Resident Trust Accounts Overview Ontario, #LP-D-100 Resident Trust Accounts, #CCM-80 Indwelling Urinary Catheter Leg Bag Application (revised March 2008), #LTC-K-110 Door Alarms, Environmental Policies related to laundry and housekeeping.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance
Admission Process
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Hospitalization and Death
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Quality Improvement
Recreation and Social Activities
Reporting and Complaints
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing
Trust Accounts

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

The licensee failed to comply with LTCHA 2007, S.O., 2007, c.8, s.6 (1)(a), in that the licensee did not ensure that the written plan of care for each resident sets out the planned care for the resident.

Discussion on April 29, 2013 with registered nurse # S100 and Personal support worker # S101 indicated that for safety reasons secondary to Resident #5's medical diagnosis, he/she receives a bed bath. Resident # 5's current plan of care does not include bathing preferences. [s. 6. (1) (a)]

2. The licensee failed to comply with LTCHA 2007, S.O. 2007, c.8, s.6(1)(c) in that the licensee did not ensure that there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident.

Resident #32 has a medical diagnosis requiring an in-dwelling catheter. Resident #32's current plan of care indicates that the resident uses a catheter. Physician order dated March 1 – May 3, 2013 indicates "in and out catheter as required to collect for culture and sensitivity." Physician order also dated March 1 – May 3, 2013 indicates "insert foley #14 as needed and change monthly."

May 1, 2013 discussion with Registered Nurse staff member #S100 who indicated that Resident #32's catheter collection bag should be emptied as needed and at the end of the shift. PSW # S101 confirmed that this is her practice. Progress notes on a specified date in April 2013 in the evening indicate that Resident #32 was agitated and insistent on being sent to the hospital. The Resident stated that his/her catheter isn't properly in place and he/she feels that urine is back flowing. The evening staff observed that Resident #32's catheter collection bag contained 1000cc of urine. The progress note concludes that the writer will leave a note for the day staff to ensure that the catheter collection bag is emptied at the end of the shift or as needed. 24 Hour Shift Report for a specified date in April 2013 there is a notation that staff are to make certain that the catheter collection bag is emptied at the end of the day shift.

The plan of care does not set out clear directions for catheter use and care for nursing staff who are providing direct care to Resident #32. (161)

Resident #8 reported to Inspector #26 that her/his current sleeping preference is not met by her/his current room accommodations. The resident's plan of care does not provide staff with clear direction related to how the resident's sleeping preferences

impacts other areas of care (ex. safety, monitoring).

Resident #8 has been complaining of tooth ache and gum discomfort since January 2013. No documentation could be found in the resident's plan of care to provide clear directions to staff, related to mouth care or oral pain management. (#126) [s. 6. (1) (c)]

3. The licensee failed to comply with LTCHA 2007, S.O. 2007, c.8, s.6(7) in that the licensee did not ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

Resident #32's Physician's Orders medication quarterly dated March 2013 – May 2013 indicates the resident is ordered a bowel protocol.

The bowel protocol requires progressive interventions after 3 or 4 days if no bowel movement.

The health care record of Resident #32 was reviewed by Inspector #161 in the presence of Clinical Manager #S103 and there was no indication that the resident's bowel protocol was followed.

May 2, 2013 discussion with Registered Practical Nurse #S106 who indicated that bowel protocol interventions are to be documented in Resident's electronic medication administration record. This was confirmed by Clinical Manager # S103.

Resident #32's bowel protocol as set out in his/her plan of care was not provided to the resident as specified in the plan.

LTCHA 2007, c.8, s.6 has been previously issued on March 4, 2013 (with VPC), December 7, 2012 (with VPC), July 24, 2012, December 2, 2011, September 29, 2011, July 8 2011 and February 1, 2011. [s. 6. (7)]

Additional Required Actions:

CO # - 001, 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee failed to comply with LTCHA 2007, S.O. 2007, c.8, s.3(1)(1) in that the licensee did not ensure that 5 residents on the second and third floor units were treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.

On a specified date in April 2013 at 13:30 hours it was observed that Resident #29, who is dependent for care, was lying in her/his bed, covered partially with a sheet, with her/his pants pulled down to her/his thighs exposing her/his continence product.

On the same date in April 2013 at 13:33 hours it was observed that Residents #33 and #34, who are dependent for care, were lying in their beds, covered by a sheet, wearing a top and a continence product.

On the same date in April 2013 at 14:20 hours Inspector #161 and Clinical Manager member # S104 observed Resident's #29, #33, #34 lying in their beds in the same state of undress.

On the same date in April 2013 at 14:30 hours Clinical Manager #S104 indicated to Inspector #161 that she felt that these observations were a violation of Resident's Rights and that the staff involved would be disciplined. [s. 3. (1) 1.]

2. On May 2, 2013 at 11:30 hours Inspector # 161 spoke with the IDOC related to a complaint she had received on a specified date in April 2013 concerning Resident #41.

On a specified date in April 2013, the IDOC became aware that during the evening before, Resident # 41 was sitting in the dining room on the nursing unit, in her/his wheelchair. He/she was wearing a hospital gown and a continence product which had been ripped and thus exposing her/his genitalia. A personal support worker was sitting in the dining room within view of the resident, documenting resident care. The personal support worker stated "she/he always does that."

The IDOC is currently investigating this incident. She indicated to the inspector that this incident is unacceptable and a violation of Resident's Rights. [s. 3. (1) 1.]

3. A progress note for Resident #8 indicated that on a specified date in February 2013 Resident #8 returned to the home during the supper meal service. Upon return,

Resident #8 requested food and was told by an Activity Aide that due to the fact she/he was late, there wasn't enough left over to feed the late comers. The resident asked, "what do I have to do, get on my hands and knees?" The Activity Aide responded by stating, "yes". The resident began to mobilize from her/his chair to get on the floor. At this point the Activity Aide told the resident she was only joking and then offered the resident food.

This demonstrates that Resident #8 was not treated with respect and dignity.

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 all residents are treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The licensee failed to comply with LTCHA 2007, S.O., 2007, c.8, s.15 (2)(c), in that the licensee did not ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Over the course of this inspection the following were noted:

Resident bathroom #327 was observed with damage to the bathroom sink counter top, including cracks and chips in the laminated surface. In the bedroom, stains on the ceiling near the privacy curtain track were observed.

Resident room #328 was observed with damage to the drywall near baseboard approximately 2 by 3 inches located outside of bathroom door.

Resident bathroom of room #518 was observed with damage to the bathroom counter top including areas missing from the laminated surface exposing the particle board beneath. Damage to drywall was also noted in this bathroom.

Resident bathroom of room #528 was observed with damage to sink counter top, including an area of laminated surface material that was missing.

Resident bathroom of room #532 was observed to have a rusted sink drain and purple stains on bathroom counter.

Several resident bathrooms, on floors 3 and 5, were noted to have medicine cabinets that were observed to be used for the storage of personal care products. Many cabinets were noted to have rusted shelving and/or to have a heavy coat of dust on the shelving inside.

The 2nd floor tub room was observed to have areas missing from the surface of the cupboard finish, exposing surface that cannot be properly cleaned. The recently renovated 2nd floor shower room is closed and unusable secondary to water drainage issues. (161)

The 3rd floor shower room was noted to be in poor repair, evidenced by broken tiles on the wall, 2 missing tiles on the floor, black substance at the base of the wall meeting floor (caulking is peeling at this area), broken floor/tile around the drain, rusted grab bar with streak of rust running down the wall, broken drywall by the door

frame exposing metal. The observations noted in this shower room present risk of injury to residents and a surface that cannot be properly cleaned.

The 4th floor tub room was noted to have peeling paint on the ceiling and there was a hole in the drywall of the ceiling. (126)

The 5th floor shower room was noted to be in poor repair, evidenced by 6 areas of damaged tiles on the wall including 2 areas with broken tiles with sharp edges, black substance at the base of the wall meeting floor (caulking is peeling at this area), broken drywall by the door frame exposing metal . In addition, the face plate of the light switch in the shower room is not securely attached to the wall, rather it is pulled away from the wall exposing wire. The observations noted in this shower room present risk of injury to residents and a surface that cannot be properly cleaned.

The 8th floor tub room radiator top did not fit the radiator bottom. The shower room had broken wall tiles near the floor, blacked grout. (161)

The 8th, 7th, and 2nd floor dining room chair arms and legs were missing finish and scraped. (161) [s. 15. (2) (c)]

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 resident bathrooms, tub/shower rooms and dining furniture are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #4: 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. (2) The licensee shall ensure,
(e) that a written record is kept relating to each evaluation under clause (d) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 229 (2).

s. 229. (3) The licensee shall designate a staff member to co-ordinate the program who has education and experience in infection prevention and control practices, including,
(b) cleaning and disinfection; O. Reg. 79/10, s. 229 (3).

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:
1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee. O. Reg. 79/10, s. 229 (10).

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:
3. Residents must be offered immunizations against pneumoccocus, 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 :

1. The licensee failed to comply with O.Reg 79/10, 229. (2) (e), in that the licensee did not ensure that a written record of the annual infection prevention and control program evaluation was kept.

Discussion with the Infection Prevention Control Nurse (IPC) on April 29, 2013, reported that the Infection prevention and control program was re-evaluated and implemented in November 2012. There is no written record of the annual evaluation.

Discussion with the Executive Director on April 29, 2013, who confirmed that there is no written record of the annual Infection prevention and control program evaluation, available. [s. 229. (2) (e)]

2. The licensee failed to comply with O. Reg. 79/10, s. 229. (3)(b), in that the licensee did not ensure that the IPC designate has the education and experience in infection prevention and control practices including, cleaning and disinfection.

The IPC Nurse indicated that she does not have education and experience in infection prevention and control practices including, cleaning and disinfection. [s. 229. (3) (b)]

3. The licensee failed to comply with O.Reg 79/10, s.229(10)(1), in that the licensee did not ensure that several residents admitted to the home were screened for tuberculosis within 14 days of admission.

The Clinical Manager #S105, reported to Inspector #126 that tuberculosis testing, if done, is documented on the Kardex, Point Click Care or the immunization sheet.

Resident #6, #9, #10, #11, #12 were admitted to the home on a specified date and no tuberculosis screening done or documented on Kardex or Point Click Care, immunization sheet as of April 30, 2013.

4. The licensee failed to comply with O. Reg 79/10, s. 229(1)(3) in that the licensee did not ensure that residents are offered immunization against diphtheria in accordance with the publicly funded immunizations.

Discussion with IPC Nurse confirmed that the home is offering residents pneumoccocus and tetanus immunizations. However, the home does not currently offer residents diphtheria immunization. [s. 229. (10) 3.]

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 the Infection Prevention Control person shall have education and experience in infection prevention and control practices, including, cleaning and disinfection; ensure that residents admitted to the home must be screened for tuberculosis within 14 days of admission; to ensure that residents are offered immunizations against diptheria, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).
(b) is on at all times; O. Reg. 79/10, s. 17 (1).
(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).
(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).
(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).
(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).
(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. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. The licensee failed to comply with O.Reg. 79/10, s.17 (1)(a), in that the licensee did not ensure that the resident-staff communication and response system is easily accessed by residents.

On a specified date in May 2013, Resident #3 was observed to be in bed with call bell on the floor. Resident informed the inspector that she/he needed to be repositioned in bed. The resident was not able to call for staff assistance as the call bell was not accessible to the resident. [s. 17. (1) (a)]

2. On a specified date in April 2013, Inspector #126 and Clinical Manager #S105 observed Resident #28 resting in bed alert, oriented to time and place and requiring call bell for assistance. The resident's call bell was observed to be on the floor beside her/his bed, not accessible to the resident. [s. 17. (1) (a)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care
Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming. O. Reg. 79/10, s. 26 (3).

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
8. Continence, including bladder and bowel elimination. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. The licensee failed to comply with O.Reg 79/10, s.26 (3) 7., in that the licensee did not ensure that the plan of care is based on an interdisciplinary assessment of the resident's physical functioning and the type and level of assistance required for activities of daily living including hygiene and grooming.

A plan of care, as it relates to hygiene and grooming needs, could not be found for the following residents : Resident #17, #18 and #26.

All three resident's were noted under O.Reg 79/10 s. 33, related to the provision of bathing.

A PSW Staff member #S104, reported that care needs related to hygiene/grooming are found in the resident's plan of care. The plans of care were reviewed for the above noted residents, in the presence of the Staff member #104, no plan of care for hygiene/grooming could be found. [s. 26. (3) 7.]

2. The licensee failed to comply with O. Reg 79/10, s. 26(3)8., in that the licensee did not ensure a resident's plan of care was based on an interdisciplinary assessment of the resident's bowel elimination.

Resident #32's current plan of care indicates that the Food Services Manager has identified that this resident has an alteration in bowel pattern and comfort related to constipation.

Discussion with Registered Nurse #S100 on a date in April 2013 who confirmed that Resident #32 experiences constipation.

A review of the resident's current plan of care does not indicate that an interdisciplinary assessment of Resident #32's bowel elimination has been conducted. [s. 26. (3) 8.]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing

Specifically failed to comply with the following:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee failed to comply with O.Reg 33(1), in that the licensee did not ensure that each resident is bathed, at a minimum, twice a week.

The resident Bath Records are used to documented the provision of bathing and grooming to residents. Several resident Bath Records reviewed indicated that less than two baths a week have been offered to the following residents: Resident #15, #16, #17, #18, #19, #26 and #27.

PSW staff members, who provide bathing to residents, could not confirm if the above noted resident's had received bathing, at a minimum, twice a week.

The Clinical Manager #S105 stated that if it was not documented in the Bath Record she would believe that bathing was not provided. [s. 33. (1)]

2. During a resident interview with Resident #3, it was reported to Inspector #126 that the resident is not provided a bath or shower but rather a sponge bath, which was not the preferred method of bathing. (#126) [s. 33. (1)]

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 34. Oral care

Specifically failed to comply with the following:

s. 34. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,
(a) mouth care in the morning and evening, including the cleaning of dentures; O. Reg. 79/10, s. 34 (1).
(b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and O. Reg. 79/10, s. 34 (1).
(c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker, if payment is required. O. Reg. 79/10, s. 34 (1).

Findings/Faits saillants :

1. The licensee failed to comply with O.Reg 79/10 s.34. (1) (c), in that the licensee did not ensure that each resident in the home is offered other preventive dental services.

Resident #8 reported to Inspector #126 that he/she experiences dental pain, noting that " my lower gums at the front (have pain), I did not see a dentist since admission".

A progress note of a specified date in January 2013, indicated that Resident #8 complained of oral pain on 2 occasions. Subsequently, a physician order was written to refer the resident to the Dentist.

A review of Resident #8's health care record indicates that there has been no referral to date.

On May 2, 2013, RPN Staff member #S108 indicated that Resident #8 recently complained of oral pain and wanted to see a Dentist. RPN staff member #S108 was in the process of obtaining consent from the Power of Attorney for assessment. [s. 34. (1) (c)]

WN #9: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,
(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3); 2007, c. 8, s. 85. (4).
(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any; 2007, c. 8, s. 85. (4).
(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and 2007, c. 8, s. 85. (4).
(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :

1. The licensee failed to comply with LTCHA 2007, S.O. 2007, c.8, s. 85. (3), in that the licensee did not ensure that the advice of the Residents' Council and the Family Council were sought out, in developing and carrying out the survey, and in acting on its results.

On April 29, 2013, Inspector #126 spoke with Executive Director who indicated that the home does not seek the advice from either Council at this time. [s. 85. (3)]

2. On May 1, 2013, Inspector #148 spoke with the Family Council President who reported that the home has not sought out the advice of the Family council with regard to the development and carrying out of the survey. The Family Council President has been involved with the council for approximately 8 years and does not recall any opportunity to provide advice regarding the satisfaction survey. [s. 85. (3)]

3. The licensee failed to comply with LTCHA 2007, S. O. 2007, c.8, S.85.(4)(a), in that the licensee did not ensure that the results of the survey are documented and made available to the Residents' Council and Family Council, to seek their advice.

On April 29, 2013, Inspector #126 spoke with Executive Director who indicated that the survey results have not been shared with the Councils. [s. 85. (4) (a)]

4. On May 1, 2013, Inspector #148 spoke with the Family Council President who reported that the home has not made available to the council the results of the satisfaction survey in order to seek the advice of the Council about the survey. The Family Council President has been involved with the council for approximately 8 years and does not recall a time when the results of the survey have been made available to the council. [s. 85. (4) (a)]

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping

Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. The licensee failed to comply with LTCHA 2007, S.O., 2007, c.8, s.87 (2)(d), in that the licensee failed to ensure that incidents of lingering offensive odours are addressed.

Over the course of this inspection several resident rooms and bathrooms were observed to have a lingering offensive urine odour that did not dissipate over time or with current housekeeping procedures. This is exampled by the following:

An identified semi-private room, was found to have a smell of urine in room and bathroom throughout the inspection. (161)

An identified ward room, was found to have a smell of urine in both the resident's room and bathroom throughout the inspection. (161)

An identified ward room shared by four residents, was found to have a smell of urine and feces in the bathroom. Observations were made over several days and the odour did not dissipate over this time.

An identified private room, was found to have a smell of urine in the resident's bathroom. Observations were made over several days and the odour did not dissipate over the time. The room was observed at one time with evidence that housekeeping had been in to clean the bathroom, however the smell of urine was still present.

An identified ward room shared by four residents, was found to have a smell of urine that was evident at the door way and persisted throughout to the back of the room. Observations were made over several days and the odour did not dissipate over time.

An identified ward room shared by four residents, was found to have a smell of urine that was evident at the door way and persisted throughout to the back of the room. Observations were made over several days and the odour did no dissipate over time.

An identified ward room, was observed to have offensive urine odours in the bathroom throughout the inspection. The room was observed at one time with evidence that housekeeping had been in to clean the bathroom, however the smell of urine was still present. (126)

Inspector #148 spoke with a housekeeping staff related to urine odours in resident rooms. The staff member was aware of the issues and acknowledged that current housekeeping practices are not able to rid the rooms of the odours.

Inspector #148 spoke with the Environmental Manager related to the urine odours in resident rooms. He reported that the home has adopted a new urine contamination product that is to assist in eliminating the odours but notes some odours may be difficult to remove if they have penetrated the flooring. [s. 87. (2) (d)]

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service

Specifically failed to comply with the following:

s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,
(a) procedures are developed and implemented to ensure that,
(i) residents' linens are changed at least once a week and more often as needed,
(ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,
(iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and
(iv) there is a process to report and locate residents' lost clothing and personal items; O. Reg. 79/10, s. 89 (1).

Findings/Faits saillants :

1. The licensee failed to comply with O.Reg 79/10, s.89 (1)(a)(ii), in that the licensee did not ensure that resident's personal items and clothing are labeled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing.

Inspector #148 observed an unlabeled comb with visible hair, unlabeled nail clippers, three used unlabeled sticks of deodorant in the 3rd floor shower room.

Inspector #161 observed 3 unlabeled brushes, 2 unlabeled combs and 2 unlabeled roll-on deodorants in the 8th floor shower room.

Inspector #126 observed an unlabeled comb in the 4th floor shower room.

While interviewing a staff member from the Laundry Department on April 30, 2013, Inspector #148 observed three items on the 6th floor garment rack that were unlabeled including 1 male sweater and 2 male shirts. In addition, two items were observed on the 4th floor garment rack that were unlabeled including 1 ladies nightgown and 1 ladies blouse.

Follow up with a Personal Support Worker on May 1, 2013, who was responsible for clothing distribution, reported that the five items noted above, were not claimed by a resident and were sent back to the Laundry Department. [s. 89. (1) (a) (ii)]

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

s. 129. (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(i) that is used exclusively for drugs and drug-related supplies,
(ii) that is secure and locked,
(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :

1. The licensee failed to comply with O.Regs 79/10 s. 129. (1) (a) (ii), in that the licensee did not ensure that drugs are stored in an area or a medication cart that is secure and locked.

On April 29, 2013, Inspector #126 observed the medication cart be left unlocked at the nursing station. RPN Staff member #S108 was administering medications to a resident in the dining room. The medication cart was not reachable or within view of the RPN Staff Member #S108. [s. 129. (1) (a)]

2. The licensee failed to comply with O.Regs 79/10 s. 129. (1) (a) (iv), in that the licensee did not ensure that drugs are stored in an area or a medication cart that complies with manufacturer's instructions for the storage of the drugs.

On April 29, 2013, Inspector #126 reviewed the emergency medication box on 4th floor and found the following expired medication:
- 2 bottles of Scopalamine injectable with an expiratory date of March 2013

On April 29, 2013, Inspector #126 reported the expired medication to the Clinical Manager #S105 for the 4th floor.

On May 3, 2013, Inspector #126 reviewed the emergency medication box on 4th floor and found that the 2 bottles of Scopalamine injectable with an expiratory date of March 2013, had not been removed and in addition found 1 box of Gravol Injectable with an expiratory date April 2013.

On April 29, 2013, Inspector #126 reviewed the 6th floor emergency medication box, and found the following expired medication:
- Respiridone 0.5 mg with an expiratory date of July 2012. [s. 129. (1) (a)]

WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply

Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.

2. Access to these areas shall be restricted to,

i. persons who may dispense, prescribe or administer drugs in the home, and

ii. the Administrator.

3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

Findings/Faits saillants :

1. The licensee failed to comply with O. Regs 79/10, s.130 1., in that the licensee did not ensure that all areas where drugs are stored shall be kept locked at all times, when not in use.

On April 29, 2013, Inspector #126 observed the treatment cart located near the elevators on the 4th floor to be left unlocked and unattended with medication creams such as Corticosteroid cream 1%, Fucidin cream 2%, Vitarub and Canesten cream. [s. 130. 1.]

WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (7) The licensee shall ensure that no resident who is permitted to administer a drug to himself or herself under subsection (5) keeps the drug on his or her person or in his or her room except,

(a) as authorized by a physician, registered nurse in the extended class or other prescriber who attends the resident; and O. Reg. 79/10, s. 131 (7).

(b) in accordance with any conditions that are imposed by the physician, the registered nurse in the extended class or other prescriber. O. Reg. 79/10, s. 131 (7).

Findings/Faits saillants :

1. The licensee failed to comply with O.Reg 79/10 s.131 (7), in that the licensee did not ensure that two residents had authorization by a physician, registered nurse in the extended class or other prescriber to administer a drug to him or herself.

On the morning of April 29, 2013, a medication pass was observed on the 4th floor. The RPN Staff Member #S108 indicated that Residents #10 and #11 self-administer medication.

The health care records of Residents #10 and #11 were reviewed and no physician order was found authorizing the residents to self- administer their medication.

On April 30, 2013, Inspector #126 spoke with the RPN Staff member #S108 and the Clinical Manager #S105 who both confirmed that Residents #10 and #11 do not have a physician order authorizing the residents to self-administer their medication. The RPN #S108 and Clinical Manager #S105 indicated that they will obtain physician orders. [s. 131. (7)]

WN #15: The Licensee has failed to comply with O.Reg 79/10, s. 241. Trust accounts

Specifically failed to comply with the following:

s. 241. (5) Every licensee shall establish a written policy and procedures for the management of resident trust accounts and the petty cash trust money, which must include,
(a) a system to record the written authorizations required under subsection (8); and O. Reg. 79/10, s. 241 (5).
(b) the hours when the resident, or the person acting on behalf of the resident, can make deposits to or withdrawals from the resident's funds in a trust account and make withdrawals from the petty cash trust money. O. Reg. 79/10, s. 241 (5).

Findings/Faits saillants :

1. The licensee failed to comply with O. Reg. 79/10 s. 241(5)(b), in that the licensee did not ensure that there is a written policy that includes the hours when the resident or persons acting on behalf of the resident can make deposits or withdrawals from the resident's funds in a trust account and make withdrawals from the petty cash trust money.

On May 1, 2013, the home's Business Office Manager reported to Inspector #148 and #161 that the business office hours of operation for deposits and withdrawals are on Monday, Wednesday and Friday from the hours of 1:00 p.m. – 3:00 pm. He noted that the business office is open and a person is present with access to trust accounts from Monday to Friday from 8:00 a.m. – 5:00 p.m. He noted that on admission, residents and family members are verbally informed of the hours of operation.

The home's Business Office Manager stated that the home does not have a written policy related to the business hours of the office nor is there an inclusion of hours related to funds in the trust fund policy. [s. 241. (5)]

Issued on this 14th day of May, 2013

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

Kathleen Smid also for Amanda Nixon and Linda Harkins

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	KATHLEEN SMID (161), AMANDA NIXON (148), LINDA HARKINS (126)
Inspection No. / No de l'inspection :	2013_199161_0013
Log No. / Registre no:	O-000293-13
Type of Inspection / Genre d'inspection:	Resident Quality Inspection
Report Date(s) / Date(s) du Rapport :	May 9, 2013
Licensee / Titulaire de permis :	REVERA LONG TERM CARE INC. 55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2
LTC Home / Foyer de SLD :	CARLINGVIEW MANOR 2330 CARLING AVENUE, OTTAWA, ON, K2B-7H1
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	CATHY DROUIN

To REVERA LONG TERM CARE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident;
(b) the goals the care is intended to achieve; and
(c) clear directions to staff and others who provide direct care to the resident.
2007, c. 8, s. 6 (1).

Order / Ordre :

The licensee shall prepare, submit and implement a plan for achieving compliance to ensure that there is a written plan of care that sets out clear directions to staff and others related to Resident #32's urinary continence care needs, Resident #8's oral pain and how the resident's sleeping preference impacts other areas of care .

This plan must be submitted in writing to Inspector Kathleen Smid at 347 Preston Street, 4th floor, Ottawa Ontario K1S 3J4 or by fax at 1-613-569-9670 on or before May 23, 2013.

Grounds / Motifs :

1. The licensee failed to comply with LTCHA 2007, S.O. 2007, c.8, s.6(1)(c) in that the licensee did not ensure that there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident.

Resident #32 has a medical diagnosis requiring an in-dwelling catheter. Resident #32's current plan of care indicates that the resident uses a catheter. Physician order dated March 1 – May 3, 2013 indicates "in and out catheter as required to collect for culture and sensitivity." Physician order also dated March 1 – May 3, 2013 indicates "insert foley #14 as needed and change monthly."

May 1, 2013 discussion with Registered Nurse staff member #S100 who

indicated that Resident #32's catheter collection bag should be emptied as needed and at the end of the shift. PSW # S101 confirmed that this is her practice. Progress notes on a specified date in April 2013 in the evening indicate that Resident #32 was agitated and insistent on being sent to the hospital. The Resident stated that his/her catheter isn't properly in place and he/she feels that urine is back flowing. The evening staff observed that Resident #32's catheter collection bag contained 1000cc of urine. The progress note concludes that the writer will leave a note for the day staff to ensure that the catheter collection bag is emptied at the end of the shift or as needed. 24 Hour Shift Report for a specified date in April 2013 there is a notation that staff are to make certain that the catheter collection bag is emptied at the end of the day shift.

The plan of care does not set out clear directions for catheter use and care for nursing staff who are providing direct care to Resident #32. (161)

Resident #8 reported to Inspector #26 that her/his current sleeping preference is not met by her/his current room accommodations. The resident's plan of care does not provide staff with clear direction related to how the resident's sleeping preferences impacts other areas of care (ex. safety, monitoring).

Resident #8 has been complaining of tooth ache and gum discomfort since January 2013. No documentation could be found in the resident's plan of care to provide clear directions to staff, related to mouth care or oral pain management. (#126) [s. 6. (1) (c)]
(161)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jun 24, 2013

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007,* S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 002

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Order / Ordre :

The licensee shall prepare, submit and implement a plan for achieving compliance to ensure that care set out in the plan of care is provided to Resident #32 as specified in the plan, as related to bowel management.

This plan must be submitted in writing to Inspector Kathleen Smid at 347 Preston Street, 4th floor, Ottawa Ontario K1S 3J4 or by fax at 1-613-569-9670 on or before May 23, 2013.

Grounds / Motifs :

1. The licensee failed to comply with LTCHA 2007, S.O. 2007, c.8, s.6(7) in that the licensee did not ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

Resident #32's Physician's Orders medication quarterly dated March 2013 – May 2013 indicates the resident is ordered a bowel protocol.

The bowel protocol requires progressive interventions after 3 or 4 days if no bowel movement.

The health care record of Resident #32 was reviewed by Inspector #161 in the presence of Clinical Manager #S103 and there was no indication that the resident's bowel protocol was followed.

May 2, 2013 discussion with Registered Practical Nurse #S106 who indicated that bowel protocol interventions are to be documented in Resident's electronic medication administration record. This was confirmed by Clinical Manager # S103.

Resident #32's bowel protocol as set out in his/her plan of care was not provided to the resident as specified in the plan.

LTCHA 2007, c.8, s.6 has been previously issued on March 4, 2013 (with VPC), December 7, 2012 (with VPC), July 24, 2012, December 2, 2011, September 29, 2011, July 8 2011 and February 1, 2011. [s. 6. (7)]

(161)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jun 24, 2013

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le titulaire de permis souhaite que le directeur examine;
c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 9th day of May, 2013

Signature of Inspector / Signature de l'inspecteur : Kathleen Smid / Linda Harkins

Name of Inspector / Nom de l'inspecteur : KATHLEEN SMID

Service Area Office / Bureau régional de services : Ottawa Service Area Office