Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: November 20, 2024
Inspection Number: 2024-1537-0004
Inspection Type: Proactive Compliance Inspection
Licensee: City of Ottawa
Long Term Care Home and City: Centre d'Accueil Champlain, Vanier

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 4-8, 12, 13, 2024

The following intake was inspected:
Intake: #00130868 - Proactive Compliance Inspection

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Residents' and Family Councils
Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices

Pain Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: FLTCA, 2021, s. 85 (3) (r)
Posting of information
s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(r) an explanation of the protections afforded under section 30; and

Non-Compliance was found during this inspection for failure to post the mandatory Whistleblowing Protection Policy, and was remedied by the Licensee prior to the conclusion of the inspection. The Inspector was satisfied that the non-compliance met the intent of FLTCA, 2021, section 85 (3) (r) related to section 30 of the Act and required no further action.

Sources: Observations, staff interview. [000724]

Date Remedy Implemented: November 5, 2024

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.

Posting of information
s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:
10. The current version of the visitor policy made under section 267.

Non-Compliance was found during this inspection for failure to post the mandatory Visitor Policy and was remedied by the Licensee prior to the conclusion of the inspection. The Inspector was satisfied that the non-compliance met the intent of O. Reg 246/22 section 265 (1) 10 and required no further action.

Sources: Observations, staff interview. [000724]

Date Remedy Implemented: November 5, 2024

COMPLIANCE ORDER CO #001 Bed rails

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 18 (1) (a)
Bed rails
s. 18 (1) Every licensee of a long-term care home shall ensure that where bed rails are used,
(a) the resident is assessed and the resident's bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The license shall:

1) Review this compliance order with the home's leadership team and a representative of each interdisciplinary team, to assess all residents requiring an evaluation of their bed systems. Include in this process, education about the legislative requirements specified under section 18 of the Ontario Regulation 246/22, as well as the direction provided to long-term care homes about bed rail use by the Ministry, in the form of a memo within an email from the Director on August 18, 2024.

2) Require all staff, that will have any degree of involvement with decisions to use or not use bedrails in the home, to review the required prevailing practice documents: "Clinical Guidance for the Assessment and Implementation of Bed Rails in Hospitals, Long Term Care Facilities and Home Care Settings. Food and Drug Administration, April 2003" and "Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability, and Other Hazards, Health Canada. 2008".

3) Maintain a documented record that includes the content of the information reviewed and education provided under points 1) and 2), the date of the education, name and designation of staff that were educated, and the names of the person(s) that provided the review and education. Ensure there is the opportunity for discussion, questions and answers (Q & As). Include a summary of the Q & As in the record.

4) Immediately conduct a high level review of all residents in the home that are in a bed system that includes bed rails (including the "grab bars") using the home's bed entrapment audit document and take immediate corrective action to prevent entrapment based on the clinical judgement of the interdisciplinary team. Update

the plan of care for any affected resident, including any required measures to prevent entrapment.

5) Based on the bed entrapment audit document referenced in item #4, ensure that all resident bed rail and bed systems match the resident's needs and plan of care requirements. This audit shall include the date, time and name of staff member conducting this audit.

6) Develop and implement a documented resident assessment process, for any resident in a bed system with bed rails in use, that complies with the prevailing practices referenced in item #2 of this order. The process must include a documented interdisciplinary assessment, a resulting risk benefit and a conclusion to use, not to use bed rails, or to discontinue use of bed rails. This document shall be kept in the resident chart and updated in the plan of care.

7) The documented process referenced in item # 6, must include the requirement to immediately reassess a residents needs and re-evaluate a bed system if an episode of entrapment or near-entrapment occurs as per the prevailing practices referenced in item #2 of this order.

8) For any bed system that includes an air mattress with bed rails in use, where the identified entrapment zones do not pass entrapment zone testing due to the design of the mattress, maintain a list of residents and update the plan of care to ensure the identified measures to prevent entrapment are documented.

9) Maintain documentation to support compliance with all required actions as specified in this order and continue documenting actions taken until such time that the Ministry of Long Term Care deems this order to be complied.

Grounds

The licensee has failed to ensure that where bed rails are used, a resident's bed system was immediately evaluated following an incident of bed entrapment. The bed systems evaluation for this resident's room was conducted in 2023 with no bedrails or an air mattress. Observation of the resident bed showed an air mattress and two quarter rails / grab bars at head of bed.

On a specific past date, the resident sustained a bed entrapment injury. No documentation was found for a bed system evaluation after this incident.

Two Supervisors had stated that no bed system evaluation had been completed following the bed entrapment incident.

The Director of Care, a Supervisor and a Registered Practical Nurse stated that the grab bar rails in the home were not viewed as bed rails.

Sources: Resident health care records, 2023 Bed Entrapment spreadsheet, staff interviews, observations, Clinical Guidance for the Assessment and Implementation of Bed Rails in Hospitals, Long Term Care Facilities, and Home Care Settings [000724)

This order must be complied with by January 2, 2025

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REVIEW/APPEAL INFORMATION

TAKE Notice The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor

Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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